

# Announced Variation to Registration Care Inspection Report 5 March 2018



## Galgorm Dental

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: The Courtyard, Galgorm, Ballymena BT42 1HL**  
**Tel No: 02825 631122**  
**Inspector: Norma Munn**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with two registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Galgorm Dental Limited  <b>Registered Persons:</b> Mr Alan Crockett Mr Douglas Thom Mr Christopher Gocher	<b>Registered Manager:</b> Mr Alan Crockett
<b>Persons in charge at the time of inspection:</b> Mr Alan Crockett Mr Douglas Thom	<b>Date manager registered:</b> 3 December 2015
<b>Categories of care:</b> Independent Hospital (IH) - Dental Treatment	<b>Number of registered places:</b> 2 increasing to 3 following the inspection

### 4.0 Inspection summary

An announced variation to registration inspection of Galgorm Dental took place on 5 March 2018 from 10.10 to 11.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

An application for a variation of the registration of the practice was submitted to RQIA by Mr Thom, registered person. The application was to increase the number of registered dental chairs from two to three.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

There were examples of good practice found in relation to the management of medical emergencies, infection prevention and control and decontamination, maintenance of the environment and radiology.

One area for improvement against the regulations in relation to the recruitment and selection of staff was identified during this inspection.

The variation to registration to increase the number of registered dental chairs from two to three was approved from a care perspective following this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

The area for improvement was discussed with Mr Douglas Thom, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 19 December 2017

No further actions were required to be taken following the most recent inspection on 19 December 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report
- patient guide
- statement of purpose
- evaluation and feedback

During the inspection the inspector met with Mr Thom and Mr Crockett, registered persons, one dental nurse and one trainee dental nurse. A tour of some areas of the premises was also undertaken.

The following records were examined during the inspection:

- management of medical emergencies
- infection prevention and control and decontamination
- maintenance arrangements
- radiology
- recruitment and selection

The findings of the inspection were provided to Mr Thom, registered person, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 December 2017

The most recent inspection of the practice was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 19 December 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### Statement of Purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Thom has agreed to add the details of any new staff employed to the statement of purpose.

### Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

### Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF) and emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was good to note that since the previous inspection an automated external defibrillator (AED) has been provided.

The policy for the management of medical emergencies reflected best practice guidance and protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### Infection prevention and control/decontamination

The arrangements in regard to the newly established third dental surgery were reviewed. The flooring in the new surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in the new surgery. A laminated /wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant

rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bin in the surgery was in keeping with best practice guidance.

Staff confirmed that the practice has sufficient dental instruments to meet the needs of the new surgery once it is operational.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including one washer disinfectant and two steam sterilisers, has been provided to meet the practice requirements. The dental nurse confirmed that the decontamination equipment will be sufficient to meet the needs of the three operational surgeries. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in Primary Care Dental Practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

A range of policies and procedures was in place in relation to decontamination and infection prevention and control.

## **Environment**

A tour of the some areas of the premises was undertaken, including the newly established third dental surgery. The premises were maintained to a high standard of maintenance and décor.

Arrangements were in place for maintaining the environment. This included the servicing of firefighting equipment, and the checking of the fire detection system.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

## **Radiology**

An intra-oral x-ray machine has been installed in the new surgery. It was confirmed that as this machine is new it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination and acceptance test of the new intra-oral x-ray machine had been undertaken by the radiation protection advisor (RPA) on 18 January 2018. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

A copy of the local rules was on display and appropriate staff had signed to confirm that they had read and understood these.

Review of the radiation protection file and discussion with staff evidenced that all measures are taken to optimise dose exposure. This includes audits of x-ray quality and direct digital x-ray processing.

### **Recruitment of staff**

Mr Thom confirmed that one trainee dental nurse had recently commenced work in the practice.

Review of the staff personnel file of this member of staff evidenced that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The following had not been retained in the file reviewed:

- photographic identification
- two written references, including one from the most recent employer
- a criminal conviction declaration

It was advised that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for any new staff employed in the future. An area for improvement against the regulations has been made in this regard.

A new recruitment policy and procedure had been developed by an external organisation since the previous inspection. However, the policy reviewed was not in keeping with legislative or best practice guidance. This was discussed with Mr Thom and following the inspection an amended recruitment and selection policy was emailed to RQIA. The amended policy was in keeping with legislative and best practice guidance.

### **Areas of good practice**

There were examples of good practice found in relation to the management of medical emergencies, infection prevention control and decontamination, maintenance of the environment and radiology.

### **Areas for improvement**

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be sought and retained for any new staff commencing work in the future.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.4 Conclusion

The variation to the registration in regard to the increase in dental chairs from two to three was approved, by the care inspector, following this inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Thom, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 March 2018</p>	<p>The registered person shall ensure that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be sought and retained for any new staff commencing work in the future.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have now updated our Recruitment &amp; Employment policies and procedures in line with Regulation 19, Schedule 2.</p> <p>We have had a meeting with all the Partners &amp; Practice Manager to highlight the issues raised.</p> <p>We are now aware of all the information that is required and how &amp; where it is to be retained, for all new employees</p> <p>Dougie Thom</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews