



The Regulation and
Quality Improvement
Authority

Ards Dental Practice
RQIA ID: 11367
16 Regent Street
Newtownards
BT23 4LH

Inspector: Carmel McKeegan
Inspection ID: IN21355

Tel: 028 9181 2507

**Announced Care Inspection
of
Ards Dental Practice**

3 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 3 June 2015 from 11.00 to 12.45. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by 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, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 May 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	8

The details of the QIP within this report were discussed with the Ms Anne Abraham, registered person and Mrs Alison Rainey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Anne Abraham	Registered Manager: Mrs Alison Rainey
Person in Charge of the Practice at the Time of Inspection: Ms Anne Abraham	Date Manager Registered: 14/06/2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 5

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Ms Anne Abraham, registered person and a dental nurse. Mrs Alison Rainey, registered manager facilitated the inspection.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, and two patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 20 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 20 May 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.1 Stated: First time	The flooring in the surgeries should be sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry to prevent the accumulation of dust and dirt and to prevent the ingress of water. Carpeting should be removed from surgeries.	Partially Met
	Action taken as confirmed during the inspection: Observation of two dental surgeries confirmed that flooring in the surgeries was sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry. Discussion with Mrs	

	<p>Rainey confirmed that other surgeries have been addressed in the same way.</p> <p>A carpeted area was still evident in one of the surgeries viewed; Mrs Rainey stated this will be removed during refurbishment of the practice, a date for refurbishment has not yet been agreed. This element of the recommendation is stated for a second time.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>The damaged chair covering in surgery three and if appropriate any other dental chairs, should be replaced/repared in the interests of infection prevention and control and to aid effective cleaning.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mrs Rainey and observation of two dental surgeries confirmed that the dental chair in surgery three has not been repaired, it was also noted that a dental stool in surgery one is torn and in need of repair.</p> <p>This recommendation has not been met and is stated for a second time.</p>	<p>Not Met</p>

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), however, it was observed that the Midazolam had expired in November 2013. Mrs Rainey was advised that Midazolam is no longer the format recommended by the Health and Social Care Board (HSCB) and that Buccolam pre-filled syringes should be provided. It was also noted that Glucagon medication was not stored in a fridge and that a revised expiry date had not been recorded on the medication packaging or expiry date checklist to reflect this. Mrs Rainey and the dental nurse were advised that Glucagon has a shelf life of 18 months when not stored in a fridge and that this should be marked on the medication packaging and expiry date checklist.

The system for checking emergency medications should be reviewed to ensure emergency medicines and equipment do not exceed their expiry date.

Mrs Rainey confirmed that an AED is not available in the practice and there are no formal arrangements to get access to an AED within close proximity to the practice.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection it was identified that some improvement is needed to ensure the management of medical emergencies is safe.

Is Care Effective?

Review of the policy for the management of medical emergencies and written protocols in place for dealing with medical emergencies identified that further detail was needed, advice was provided in this regard. A revised policy for the management of medical emergencies reflective of best practice guidance and written protocols outlining the local procedure for dealing with the various medical emergencies was received in RQIA by email on 18 June 2015.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

The records confirming that the checks have been completed should be signed and dated each month by the person undertaking the checks. Buccal pre-filled syringes should be provided in keeping with HSCB guidance.

Glucagon medication should be stored in accordance with the manufacturer's guidance.

Advice and guidance should be sought in regards to the provision of an AED.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Recruitment and Selection

Is Care Safe?

Discussion with Mrs Rainey and staff confirmed that a recruitment and selection policy and procedure had not yet been developed. The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which states the information required in respect of employees, and advised that a recruitment and selection policy should reflect the information contained therein.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mrs Rainey confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- two written references;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Mrs Rainey was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Discussion with Mrs Rainey confirmed that a robust system is in place to review the professional indemnity status of registered dental dentists, however Mrs Rainey was not clear of the professional indemnity cover in place for the dental nurses, this was discussed further with Ms Abraham who stated she would follow up this as a matter of priority.

On the day of the inspection, it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As previously stated a recruitment and selection procedure needs to be developed which complies with all relevant legislation and includes checking procedures to ensure qualifications, registrations and references are bona fide.

Discussion with staff confirmed that they had received induction training and a job description when they commenced work in the practice. However, staff stated that they have not been provided with a contract of employment/agreement. Discussion with Ms Abraham and staff indicated that contracts of employment/agreement are under review and are being processed in consultation with staff members.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Discussion with Mrs Rainey confirmed that recruitment and selection procedures would be developed that would detail the need to obtain an enhanced AccessNI check. Mrs Rainey is aware of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice to minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Recruitment and selection procedures should be developed to reflect best practice guidance.

A staff register should be provided.

Staff employed in the practice should be provided with a contract of employment/agreement.

Ensure that staff members have indemnity insurance as appropriate.

Number of Requirements:	1	Number of Recommendations:	3
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Ms Anne Abraham, registered person, Mrs Alison Rainey, registered manager and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were not provided with a contract of employment/agreement on commencing work in the practice, a recommendation was made in this regard. Staff confirmed they had been provided with an induction process which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

5.5.4 Environment

One of the dental surgeries was noted to have wall paper, the use of wallpaper was discussed with Ms Abraham, as in accordance with HTM 01-05, wallpaper and materials that cannot be effectively cleaned should not be present in the clinical area. It was advised that the wallpaper is removed during the next redecoration/refurbishment of the surgery. It was also noted that dedicated stainless steel hand washing basins have overflows; it was recommended that the overflows on stainless steel hand washing basins are blanked off with a stainless steel plate sealed with antibacterial mastic.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Anne Abraham, registered person and Mrs Alison Rainey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 27 (3) (d) Stated: First time To be Completed by: 3 July 2015	<p>The registered person must ensure that their indemnity cover includes employees of the practice.</p> <p>A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All employees are now registered with the DDU (Dental Advantage Scheme) All renewal dates are recorded in the practice diary.</p>
Requirement 2 Ref: 15 (6) Stated: First time To be Completed by: 3 July 2015	<p>The registered person must implement robust checking procedures to monitor the expiry dates of emergency medications. The records confirming that the checks have been completed should be signed and dated each month by the person undertaking the checks. Buccal pre-filled syringes should be provided in keeping with HSCB guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Buccal pre-filled syringes are now kept with our emergency medications. Monthly records are checked & updated each month by Alison & if Alison is unavailable Judy will be in place to do checks.</p>
Recommendations	
Recommendation 1 Ref: Standard 13.1 Stated: Second time To be Completed by: 3 September 2015	<p>Carpeting should be removed from surgeries.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Ongoing - possible future refurb.</p>
Recommendation 2 Ref: Standard 13.1 Stated: Second time To be Completed by: 3 September 2015	<p>The damaged chair covering in surgery three and if appropriate any other dental chairs, should be replaced/repared in the interests of infection prevention and control and to aid effective cleaning.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We are awaiting estimates back for new coverings .</p>
Recommendation 3 Ref: Standard 12.4	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on</p>

<p>Stated: First time</p> <p>To be Completed by: 3 June 2015</p>	<p>the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Date changed 18mths less on day of inspection.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 3 July 2015</p>	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Local access to AED as discussed. Details have been included in updated policy as requested.</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 July 2015</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant.
	<p>Response by Registered Person(s) Detailing the Actions Taken: Policy is now in place including all of the above.</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 July 2015</p>	<p>It is recommended that all staff who work in the practice, including self-employed staff are provided with a contract/agreement.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Contract agreements are currently ongoing between practice principal & employees.</p>
<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by:</p>	<p>It is recommended that a staff register should be developed and retained, to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: We have always kept a staff register with Alison & Judy at reception which includes all of the above information.</p>

3 July 2015	
Recommendation 8 Ref: Standard 13 Stated: First time To be Completed by: 3 August 2015	It is recommended that the overflows on dedicated stainless steel hand washing basins are blanked off with a stainless steel plate sealed with antibacterial mastic. Response by Registered Person(s) Detailing the Actions Taken: Our builder is currently sourcing steele to block off sink overflows as suggested.

Registered Manager Completing QIP	Alison Rainey	Date Completed	03/07/2015
Registered Person Approving QIP	Anne Abraham	Date Approved	03/07/2015
RQIA Inspector Assessing Response	Carmel McKegan	Date Approved	08/07/15

**Please ensure the QIP is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address*

Please provide any additional comments or observations you may wish to make below: