

The Regulation and  
Quality Improvement  
Authority

Bangor Dental Care Ltd  
RQIA ID: 11383  
1 Moira Drive  
Bangor  
BT20 4RN

Inspector: Norma Munn  
Inspection ID: IN023932

Tel: 028 9146 3131

**Announced Care Inspection  
of  
Bangor Dental Care Ltd**

**7 January 2016**

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

## 1. Summary of Inspection

An announced care inspection took place on 07 January 2016 from 10.00 to 12.50. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. One outstanding issue from the previous inspection also needs 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 25 March 2015.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>2</b>

The details of the QIP within this report were discussed with Mr Rooney, registered manager and Ms Leona Coulter, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr James Rooney	<b>Registered Manager:</b> Mr James Rooney
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr James Rooney	<b>Date Manager Registered:</b> 09 January 2014
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

### 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 Mr James Rooney, registered person, Ms Leona Coulter, practice manager and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and the procedure for obtaining and reviewing 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 25 March 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 25 March 2015

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	The dental chair in surgery one should be reupholstered to provide an intact surface that can be effectively cleaned.	Met
	<b>Action taken as confirmed during the inspection:</b> Observation in surgery one and discussion with Mr Rooney and Ms Coulter confirmed that the dental chair had been reupholstered.	

<b>Recommendation 2</b>  Ref: Standard 13 Stated: First time	<p>Floor coverings in the surgeries should be sealed at the edges where the floor meets the skirting boards and the cabinetry.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of both surgeries and discussion with Mr Rooney and Ms Coulter confirmed that the flooring is sealed at the edges and where it meets the cabinetry.</p>	<b>Met</b>
<b>Recommendation 3</b>  Ref: Standard 13 Stated: First time	<p>The overflow on dedicated stainless steel hand washing basins should be blanked off with a stainless steel plate and sealed with antibacterial mastic. Plugs should also be removed from dedicated hand washing basins.</p> <p><b>Action taken as confirmed during the inspection:</b>  Observation and discussion with Mr Rooney and Ms Coulter confirmed that the overflow in the hand washing basin in surgery one had been blanked off. However, the overflow in the hand washing basin in surgery two had not been blanked off and a plug was observed to be in use.</p> <p>This recommendation has been partially met and has been stated for a second time.</p>	<b>Partially Met</b>
<b>Recommendation 4</b>  Ref: Standard 13 Stated: First time	<p>The legionella risk assessment should be reviewed every two years or following any alteration or modification to the water system. Evidence should be provided that any recommendation made therein, are addressed with records retained for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the legionella risk assessment and discussion with Mr Rooney and Ms Coulter confirmed that a review had recently been undertaken.</p>	<b>Met</b>

<b>Recommendation 5</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	An audit of compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool (2013 edition) should be undertaken six monthly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the IPS audit (2013 edition) and discussion with Mr Rooney and Ms Coulter confirmed that an audit had been undertaken six monthly.	

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Ms Coulter and 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 Ms Coulter and 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, the Glucagon medication was stored in the fridge and there was no evidence that fridge temperature readings were being recorded on a daily basis. Ms Coulter and the dental nurse were advised that if Glucagon is stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. If Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. Ms Coulter and the dental nurse agreed to review the storage of the Glucagon. On the day of the inspection the Glucagon was removed from the fridge and a revised expiry date of 18 months from the date of receipt was marked on the medication packaging and the expiry date checklist.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children. Oropharyngeal airways were in place however these items had expired. The dental nurse ordered the self-inflating bag and the replacement oropharyngeal airways on the day of the inspection.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. A system was developed on the day of the inspection to ensure that emergency equipment is also checked. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Ms Coulter and 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 the arrangements for managing a medical emergency were found to be safe.

### **Is Care Effective?**

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

Discussion with Ms Coulter and 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 Ms Coulter and 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**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection. The revised policy was comprehensive and reflected best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

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

One file did not contain details of full employment history, a criminal conviction declaration made by the applicant and confirmation that the person is physically and mentally fit to fulfil their duties. The file contained only one written reference. This was discussed with Mr Rooney and Ms Coulter and a recommendation has been made.

The arrangements for enhanced AccessNI checks were reviewed. One file contained a criminal records check undertaken by a previous employer; however an AccessNI check had not been undertaken by the practice. Discussion with Mr Rooney and Ms Coulter demonstrated that they are aware that AccessNI checks are not portable. Mr Rooney and Ms Coulter readily agreed to apply for an AccessNI check for the identified staff member. The second file reviewed contained an AccessNI enhanced disclosure check that had been undertaken after the member of staff commenced work. Discussion with Mr Rooney and Ms Coulter demonstrated that they are aware that AccessNI checks are to be undertaken and received prior to staff commencing work. A requirement has been made.

A copy of the original enhanced AccessNI enhanced disclosure was retained in one file reviewed. This is not in keeping with AccessNI Code of Practice. Mr Rooney and Ms Coulter were advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice. On the day of the inspection Mr Rooney and Ms Coulter confirmed that the AccessNI check had been destroyed in keeping with the AccessNI code of practice. A record was developed on the day of the inspection of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review.

A staff register was 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.

Ms Coulter confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

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 discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement. One file did not contain a job description. Discussion with Ms Coulter confirmed that a job description had been provided. Ms Coulter is aware that job descriptions should be retained on file.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Coulter confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

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?**

As discussed, recruitment and selection procedures need further development to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, in one file a criminal records check undertaken by a previous employer was retained and a new AccessNI check had not been undertaken by the practice. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Rooney and Ms Coulter.

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

AccessNI checks must be received prior to any new staff commencing work in the practice. An AccessNI check must be undertaken and received for the identified staff member.

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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 Mr Rooney, registered person, Ms Coulter, practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff 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 returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

### 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.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Rooney, registered manager and Ms Coulter, practice 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 meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

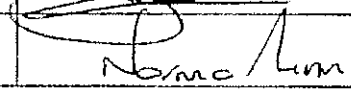
### 6.2 Recommendations

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 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 RQIA's office (non- paperlite) 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			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  Ref: Regulation 19 (2) Schedule 2  Stated: First time  To be Completed by: 07 February 2016	The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.  An enhanced AccessNI check must be undertaken for the identified staff member.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b>  THIS HAS NOW BEEN COMPLETED + RETURNED + RECORDED		
<b>Recommendations</b>			
<b>Recommendation 1</b>  Ref: Standard 13 Stated: Second time  To be Completed by: 7 February 2016	The overflow on dedicated stainless steel hand washing basins should be blanked off with a stainless steel plate and sealed with antibacterial mastic. Plugs should also be removed from dedicated hand washing basins.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b>  THIS HAS BEEN COMPLETED.		
<b>Recommendation 2</b>  Ref: Standard 11.1 Stated: First time  To be Completed by: 07 January 2016	Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b>  THIS HAS BEEN ACTIONED		
Registered Manager Completing QIP		Date Completed	17/2/16
Registered Person Approving QIP		Date Approved	17/2/16
RQIA Inspector Assessing Response	Norma Lim	Date Approved	10/3/16

\*Please ensure the QIP is completed in full and returned to RQIA's office (non- paperlite)

