

**Announced Care Inspection  
of  
Belmore Dental Studio & Implant Clinic**

**9 December 2015**

## Summary of Inspection

An announced care inspection took place on 9 December 2015 from 09.15 to 10.45. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. The management of recruitment and selection was found to be safe, effective and compassionate. 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 6 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>	0	2

The details of the QIP within this report were discussed with Ms Lorraine Browne, acting 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 Niall McEnhill Ms Sinead McEnhill	<b>Registered Manager:</b> Mrs Iris Browne
<b>Person in Charge of the Practice at the Time of Inspection:</b> Ms Sinead McEnhill	<b>Date Manager Registered:</b> 11 April 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 4

### 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 Lorraine Browne, a dental nurse who facilitated the inspection, and another dental nurse. Ms Sinead McEnhill, registered person, was present at the start of the inspection but was in surgery for the duration of the inspection.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and a sample of 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 6 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 6 March 2015

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15(2)(b)  <b>Stated:</b> Second time	The washer disinfectant and steriliser should be validated and arrangements put in place to ensure annual revalidation thereafter.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that this requirement has been met.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 15(2)(b)  <b>Stated:</b> Second time	<p>The following issues in relation to Dental Unit Water Lines (DUWLs) must be addressed:</p> <ul style="list-style-type: none"><li>• review the manufacturer’s guidance and ensure that the DUWLs are disinfected/purged in keeping with the guidance; and</li><li>• ensure a commercially available biocide is used to disinfect DUWLs.</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion and observation confirmed that this requirement has been met.</p>	
<b>Last Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>A blood and bodily fluid spillage kit should be provided and staff trained on it’s use.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion and observation confirmed that this recommendation has been met.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>Overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion and observation confirmed that this recommendation has been met.</p>	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>Review the legionella risk assessment and ensure that all recommendations made have been addressed and that control measures as outlined in the report have been implemented. Records should be retained for inspection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that this recommendation has been met.</p>	

<b>Recommendation 4</b>  <b>Ref:</b> Standard 13  <b>Stated: First time</b>	<p>The following issues in relation to clinical waste should be addressed:</p> <ul style="list-style-type: none"> <li>• ensure all freestanding clinical waste bins are pedal operated; and</li> <li>• ensure sharps containers suitable for pharmaceutical waste are provided.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion and observation confirmed that this recommendation has been met.</p>	<b>Met</b>
---	---	------------

### 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of portable suction. A recommendation has been made. The oropharyngeal airways were retained in the emergency drugs kit in a non-sterile condition and with no identifiable expiry dates. A recommendation has been made.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

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 the arrangements for managing a medical emergency were generally 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 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**

A portable suction device should be provided and the oropharyngeal airways replaced and stored in a sterile condition.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available. The 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 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 and
- confirmation that the person is physically and mentally fit to fulfil their duties.

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 Browne confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.

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

### **Is Care Effective?**

The dental service's recruitment and selection procedures 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 and job description.

Induction programme templates are in place relevant to specific roles within the practice. The personnel files examined evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Browne and the dental nurse 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 recruitment and selection procedures were found to be effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated 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.

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**

No areas for improvement were identified during the inspection.

## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with the acting manager and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Ten 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 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.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Lorraine Browne 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](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

Quality Improvement Plan			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>9 January 2016</b>	It is recommended that a portable suction device be retained with the emergency equipment and that oropharyngeal airways be provided and retained in a sterile condition.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Both in place and training provided for all staff		
<b>Registered Manager Completing QIP</b>	Iris Browne	<b>Date Completed</b>	05/01/2016
<b>Registered Person Approving QIP</b>	Sinead McEnhill	<b>Date Approved</b>	05/01/2015
<b>RQIA Inspector Assessing Response</b>	Philip Colgan	<b>Date Approved</b>	<b>06/01/2016</b>

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

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(s) from their responsibility for maintaining compliance with minimum standards and regulations.