



The Regulation and
Quality Improvement
Authority

Bowen Dental
RQIA ID: 11398
25 Stewartstown Road
Belfast
BT11 9FY

Inspector: Emily Campbell
Inspection ID: IN21234

Tel: 028 9028 3800

**Announced Care Inspection
of
Bowen Dental**

11 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 11 May 2015 from 10.00 to 11.55. Overall on the day of the inspection it was found that improvements in management of medical emergencies and recruitment and selection are necessary in order for care 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

An announced care inspection was undertaken on 16 April 2014. During this inspection it was identified that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05 and the PEL (13) 13 had not been made. Subsequent to this a Failure to Comply Notice (FTC) was issued on 12 May 2014. An enforcement monitoring inspection was undertaken on 7 July 2014, during which compliance with the FTC was verified.

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	4

The details of the QIP within this report were discussed with Mr Bowen and Ms Doyle, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr David Bowen	Registered Manager: Ms Francine Doyle
Person in Charge of the Practice at the Time of Inspection: Mr David Bowen	Date Manager Registered: 10 September 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous announced care 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 Bowen, registered provider, Ms Francine Doyle, registered manager, an associate dentist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was a Failure to Comply monitoring inspection dated 07 July 2014. The inspection evidenced that compliance with the actions to be taken in the Failure to Comply notice issued on 12 May 2014 were achieved.

Prior to this an announced care inspection was undertaken on 16 April 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the care Inspection dated 16 April 2014.

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: Second time	<p>A dedicated decontamination room should be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance with this requirement was verified during the Failure to Comply monitoring inspection on 07 July 2014.</p>	Met
Requirement 2 Ref: Regulation 15 (3) Stated: Second time	<p>A validated washer disinfectant of adequate capacity must be installed and incorporated into the decontamination process to remove the need for manual cleaning of dental instruments.</p> <p>A log book should be maintained for the washer disinfectant and should contain the following information;</p> <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • quarterly test record sheets; (if required) • annual service/validation certification; • fault history; and • process log. 	Met

	<p>Action taken as confirmed during the inspection: Compliance with this requirement was verified during the Failure to Comply monitoring inspection on 07 July 2014.</p>	
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 13 Stated: First time</p>	<p>In the interests of infection prevention and control and to aid effective cleaning the damaged chair covering in surgery one must be replaced/repaired.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Observations made evidenced that the dental chair in surgery one has been recovered.</p>	
<p>Recommendation 2 Ref: Standard 13 Stated: First time</p>	<p>Consideration should be given to implementing the use of the pre-printed logbook available for the vacuum steriliser, to ensure all the necessary information including the results of periodic test are recorded.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Observations made evidenced that two pre-printed logbooks are in place, one for each steriliser, and that the appropriate periodic tests are undertaken and recorded.</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 Mr Bowen, Ms Doyle 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of an automated external defibrillator (AED). A robust system is in place to ensure that emergency medicines do not exceed their expiry date. However equipment for use in an emergency is not included in the monthly check records, the checks were not signed by the person undertaking the checks and the specific date the check was undertaken was not recorded. It was observed that a revised expiry date was not recorded on the Glucagon medication as it is not stored in the fridge; however, it was identified in the monthly check record. The revised expiry date was recorded on the Glucagon medication during the inspection. The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Bowen and Ms Doyle are aware that when the current format of buccal midazolam expires it should be replaced with Buccolam pre-filled syringes. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

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

Overall on the day of the inspection it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are 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 in general they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures. Adrenaline for use in the event of anaphylaxis is available in pre-filled syringes, one for administration to an adult and one for administration to a child. Ampoules of adrenaline are available should a second dose be required. Neither Mr Bowen nor the associate dentist was aware of the specific doses of adrenaline to be drawn up if a second dose of adrenaline is needed.

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

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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.

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

Areas for Improvement

Ensure appropriate staff are aware of the doses of adrenaline to be administered in the event of anaphylaxis should a second dose be needed.

The provision of an automated external defibrillator (AED) should be reviewed to ensure provision in keeping with the Resuscitation Council (UK) guidelines.

Further develop the monthly checking record.

Number of Requirements:	1	Number of Recommendations:	2
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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.

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

- positive proof of identity, including a recent photograph;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- evidence of professional indemnity insurance, where applicable;
- enhanced AccessNI checks have not been received in respect of any staff; two have been applied for and one has not been applied for.

The following information was not available in files reviewed:

- written references;
- details of full employment history;
- criminal conviction declaration on application; and
- confirmation that the person is physically and mentally fit to fulfil their duties.

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.

Mr Bowen and Ms Doyle 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.

Overall on the day of the inspection it was identified that further development is needed with recruitment and selection procedures to ensure they are safe.

Is Care Effective?

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

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. Review of the most recently employed staff personnel file evidenced that an induction programme was completed.

Discussion with an associate dentist and a 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.

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

Is Care Compassionate?

As discussed, further improvement is needed to ensure that recruitment and selection procedures are 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. Enhanced AccessNI checks had not been received in respect of any staff recruited since registration with RQIA. Ms Doyle confirmed that applications have been submitted in respect of two staff, however, these have not been received and an application has not yet been submitted in respect of the third staff member. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Bowen and Ms Doyle.

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.

Overall on the day of the inspection it was identified that improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

Robust arrangements should be established regarding undertaking and receiving enhanced AccessNI checks.

Recruitment and selection procedures need further development.

A staff register should be established.

Number of Requirements:	1	Number of Recommendations:	2
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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 an associate dentist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required; Ms Doyle confirmed that questionnaires were given out to staff.

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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 01 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 the Regulation and Quality Improvement Authority (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 Bowen and Ms Doyle, registered persons, 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(s) 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(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Inspector Emily Campbell
Inspection 10: IN21234

RQIA 10 11398

Bowen
Dental.
IN21234

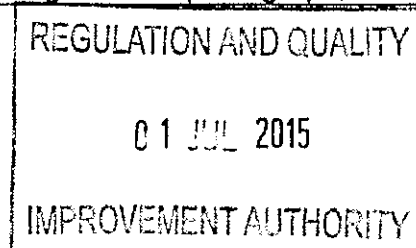
Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</p> <p>To be Completed by: 18 May 2015</p>	<p>The registered persons must ensure that appropriate staff are aware of the doses of adrenaline to be administered in the event of anaphylaxis should a second dose be needed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Discussed and minuted in the June 2015 Team meeting. Dosage sheet attached to emergency drugs.</i></p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 11 June 2015</p>	<p>The registered persons must ensure that enhanced AccessNI checks are received in respect of the three identified staff members. Confirmation should be provided to RQIA.</p> <p>Enhanced AccessNI checks must be undertaken and received in respect of any new staff being recruited prior to them commencing work in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Enhanced AccessNI checks completed for identified staff.</i></p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 11 August 2015</p>	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Bowen should seek advice and guidance from his medico-legal advisor in this regard.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Defibrillator ordered for Bowen Dental, will be available for use from 22nd June 2015.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 11 June 2015</p>	<p>It is recommended to further develop the monthly checking record for emergency medications and equipment. The record should include the emergency equipment, signature of the person checking medications and equipment and the specific date the check was undertaken.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Monthly checking record updated as recommended.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>It is recommended that recruitment and selection procedures are further developed and the following information retained in the personnel files of any new staff recruited:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph;



<p>To be Completed by: 11 May 2015</p>	<ul style="list-style-type: none"> 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. 		
<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 11 June 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: <i>Recruitment + selection policy currently under review through recruitment, including personnel files of any new staff.</i></p> <p>It is recommended that a staff register is established 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.</p> <p>The register should be kept up to date as staff commence/cease working in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Staff register established and will be maintained going forward.</i></p>		
<p>Registered Manager Completing QIP</p>	<p><i>P. Duff</i></p>	<p>Date Completed</p>	<p>25/6/15</p>
<p>Registered Person Approving QIP</p>	<p><i>Janet Green</i></p>	<p>Date Approved</p>	<p>25/6/15.</p>
<p>RQIA Inspector Assessing Response</p>		<p>Date Approved</p>	

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:



The **Regulation** and
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Authority

RQIA Inspector Assessing Response	Emily Campbell	Date Approved	6.7.15
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