



The Regulation and
Quality Improvement
Authority

Causeway Dental
RQIA ID: 11423
25 Queen Street
Ballymoney
BT53 6HZ

Inspector: Carmel McKeegan
Inspection ID: IN21279

Tel: 028 2766 3808

**Announced Care Inspection
of
Causeway Dental**

23 April 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 23 April 2015 from 10.00 to 12.30. 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. The door of the decontamination room was open throughout the inspection; this door should be closed during the decontamination process. 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) Regulation 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 15 August 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	1	5

The details of the QIP within this report were discussed with Mr David Wilson, registered provider, and Mrs Ferguson-Smith, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

Registered Organisation/Registered Person: Mr David Wilson Mr Robin Alexander	Registered Manager: Mr David Wilson
Person in Charge of the Practice at the Time of Inspection: Mr David Wilson	Date Manager Registered: 04 January 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 5

2. 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

3. 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 Wilson, registered provider, a dental nurse and a receptionist. The inspection was facilitated by Mrs Siobhan Ferguson-Smith, practice manager.

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

4. The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection dated 15 August 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection dated 15 August 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	<p>A refurbishment programme should be established to ensure all surgery floors are impervious and easy to clean.</p> <p>In the interim the vinyl flooring in surgeries and the decontamination room should be sealed where it meets the walls and where cabinetry meets the flooring as appropriate.</p>	Met
	<p>Action taken as confirmed during the inspection: Mrs Ferguson-Smith confirmed that a refurbishment programme is in place to replace flooring in each surgery, one at a time to minimise disruption. Flooring in the decontamination room and two surgery floors observed, had been sealed where the walls and cabinetry meets the flooring.</p>	
Recommendation 2 Ref: Standard 13 Stated: First time	<p>The practice of brushing floors should cease.</p> <p>The flooring in clinical and decontamination areas should be cleaned on a daily basis in keeping with the practice protocol.</p>	Met
	<p>Action taken as confirmed during the inspection: Mrs Ferguson-Smith confirmed that floors in clinical and decontamination areas are not brushed and are cleaned on a daily basis in keeping with the practice protocol.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>In relation to decontamination equipment logbooks:</p> <ul style="list-style-type: none"> • distinct separate logbooks should be developed for each piece of decontamination equipment; • the equipment details should be included in each logbook; • amend the steriliser and DAC Universal logbook test records to facilitate the recording of the detail of the automatic control test (ACT); • ensure that all periodic test sheets facilitate entry of staff signatures; and • establish a fault history log for each piece of equipment. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Separate logbooks are available for the two steam sterilisers, the washer disinfector and the DAC Universal. Review of the logbooks demonstrated that the equipment details of each piece of equipment is recorded, logbooks include the recording of the ACT for the DAC and both sterilisers, all periodic tests results are recorded and signed, and a fault history has been established for all equipment.</p>		

4.3 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 in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. The following areas were discussed with Mr Wilson and Mrs Ferguson-Smith.

The format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector suggested that when the current format of Midazolam expires it should be replaced with Buccolam Pre-filled syringes as recommended by the HSCB.

Discussion with Mr Wilson and observation demonstrated that an automated external defibrillator (AED) and portable suction are not available in the practice.

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.

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

Overall on the day of the inspection the arrangements for managing a medical emergency within the practice 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.

Overall on the day of the inspection we found care to be compassionate.

Areas for Improvement

Portable suction should be available in the practice.

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

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

4.4 Recruitment and selection

Is Care Safe?

Review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. The policy should include the procedure for obtaining enhanced AccessNI checks prior to commencement and criminal conviction declarations by applicants.

Three staff personnel files relating to staff that commenced work in the practice since registration with RQIA were examined. The following was noted;

- positive proof of identity, including a recent photograph;
- an enhanced AccessNI check was received between four to six weeks after the commencement of employment of all three staff members;
- staff personnel files did not provide two written references, each file provided a record of a verbal reference obtained from applicant's the most recent employer;
- 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;
- no criminal conviction declarations by any applicants;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Mr Wilson confirmed that he had made a decision to commence employment of staff prior to receiving the enhanced AccessNI disclosure due to staffing pressures.

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.

Mrs Ferguson-Smith 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 some improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As previously identified, the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation. Recruitment checks were in place 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 and job description.

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

Discussion with staff confirmed that they have been provided with a job description, contract of employment 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.

The practice manager confirmed that all clinical staff have current GDC registration and that they adhere to GDC CPD requirements, records were available in the practice for all relevant staff.

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?

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements, with the exception of the issues previously identified.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice and therefore should be applied for new staff members, prior to commencement of employment.

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 some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

Update the recruitment and selection policy to include arrangements for undertaking AccessNI enhanced disclosures and for the criminal declaration made by the applicant.

Enhanced AccessNI disclosures should be received prior to any new staff commencing work in the practice.

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	1	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

4.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mrs Ferguson-Smith, the practice manager, a dental nurse and a receptionist. 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 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 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 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.

5.5.3 Environment

The door of the decontamination room was observed to be wedged open throughout the inspection, it was observed that reusable dental instruments were being decontaminated during this time. The ventilation system is in keeping with HTM 01-05, however, discussion with the practice manager indicated that the decontamination room temperature can become uncomfortable for staff working in this room and therefore staff will prop the door open for periods of time. It is recommended that the decontamination room door is kept closed when the decontamination process is in operation and review of the ventilation system in this room should be undertaken.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr David Wilson, registered person and Mrs Smyth-Ferguson, 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.

5.1 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.

5.2 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person 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 persons 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 persons 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 19 (2) Schedule 2 (2) Stated: First time To be Completed by: Ongoing from the date of this inspection	<p>The registered person must ensure that an enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: It is now practice policy that the enhanced Access NI check will be undertaken prior to employment.</p>
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 23 May 2015	<p>It is recommended that portable suction should be available in the practice as stated in the Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Portable suction is now purchased and with Emergency equipment</p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 23 May 2015	<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> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: We are currently in the process of buying a defibrillator for the practice.</p>
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 23 May 2015	<p>It is recommended that the recruitment policy and procedure is further developed to ensure the recruitment and selection of staff is undertaken in accordance with best practice and should include;</p> <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check is undertaken and received prior to commencing work in the practice, and • criminal conviction declaration is included with applications. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The recruitment policy has been amended to include that the access NI check will be undertaken in advance of employment. Also included is the note of criminal conviction declaration which is included in applications.</p>
Recommendation 4	<p>It is recommended that new staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent</p>

Ref: Standard 11.1	Health Care Regulations (Northern Ireland) 2005.		
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 23 May 2015	All new staff personnel files include the documentation as specified in Schedule 2 of the Independent Health Care Regulations.		
Recommendation 5	It is recommended that the decontamination room door is kept closed when the decontamination process is in operation and the ventilation system in this room should be reviewed.		
Ref: Standard 13	Response by Registered Person(s) Detailing the Actions Taken:		
Stated: First time	A notice has now been placed on the door stating that it must be closed at all times and all staff have been made aware from the date of inspection that it is to be closed at all times.		
To be Completed by: 23 May 2015			
Registered Manager Completing QIP	David Wilson	Date Completed	22/06/2015
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	22/06/15

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