

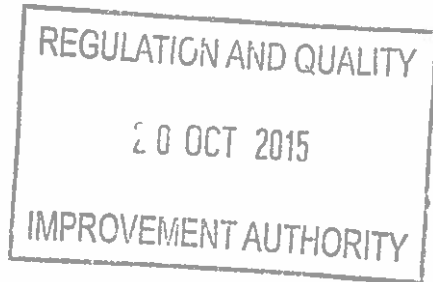


The Regulation and
Quality Improvement
Authority

Cavehill Dental Care
RQIA ID: 11425
165 Cavehill Road
Belfast
BT15 5BP

Inspector: Emily Campbell
Inspection ID: IN022925

Tel: 028 9037 0206



**Announced Care Inspection
of
Cavehill Dental Care**

17 August 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 17 August 2015 from 9.50 to 12.15. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Some improvement is needed in relation to recruitment and selection procedures. 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 20 November 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	4

The details of the QIP within this report were discussed with Mr MacAllister, registered person and Ms Mairead Murphy, dental nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Martin MacAllister	Registered Manager: Mr Martin MacAllister
Person in Charge of the Practice at the Time of Inspection: Mr Martin MacAllister	Date Manager Registered: 18 April 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 7

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 MacAllister, registered person, one hygienist, two dental nurses and two receptionists. The inspection was facilitated by Ms Murphy, 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 an announced care inspection dated 20 November 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 November 2014.

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: First time	All reusable dental instruments; manufacturer's instructions permitting should be cleaned in the washer disinfectant. Compatible dental handpieces must be processed through the washer disinfectant as part of the decontamination process.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that compatible dental handpieces are being processed through the washer disinfectant.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Floors in all clinical areas should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.	Met
	Action taken as confirmed during the inspection: Ms Murphy confirmed that this recommendation has been addressed. Observations made of two dental surgeries evidenced this.	
Recommendation 2 Ref: Standard 13 Stated: First time	The silicone blanking off the overflows in all stainless steel hand washing basins should be removed and the overflows should then be blanked off using a stainless steel plate sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: It was observed that one dedicated hand washing basin had an overflow which was sealed with mastic. It was noted that due to a protrusion integral to the design of the basin in the middle of the overflow, it is not possible to successfully blank off the overflow with a stainless steel plate. Mr MacAllister confirmed that the overflows of washing basins have been disconnected from the basins. It is accepted that efforts have been made to address this recommendation; however, due to the design of the basins this has not been possible. It was suggested that clinical hand washing basins are provided in relevant surgeries on the next refurbishment.	

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Further develop the legionella control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and flushing of all infrequently used outlets.</p> <p>Records must be retained for inspection.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Murphy confirmed that records are not retained of monthly monitoring of hot and cold water temperatures or flushing of infrequently used outlets.</p> <p>This recommendation has not been addressed and is stated for the second time.</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 MacAllister 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 a paediatric oxygen facemask. An email was received by RQIA on 20 August 2015, confirming that this had been obtained. The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector suggested that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. The Glucagon medication is stored with the rest of the emergency medications; however, a revised expiry date of 18 months from receipt of the medication was not identified to reflect the storage arrangements in keeping with the manufacturer's instructions. A revised expiry date was recorded during the inspection.

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 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 Mr MacAllister 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 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.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy needs further development to include reference to employment history, enhanced AccessNI checks and health status to ensure it is comprehensive and reflects best practice guidance.

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

- evidence of positive proof of identity, including a recent photograph,

- evidence of GDC registration, where applicable;
- documentary evidence of qualifications, where applicable; and
- evidence of professional indemnity insurance, where applicable.

The following matters were not consistently noted in the personnel files reviewed;

- two written references, one file had two references, however these had not been signed;
- details of full employment history, including an explanation of any gaps in employment;
- criminal conviction declaration on application; and
- confirmation that the person is physically and mentally fit to fulfil their duties.

One file reviewed evidenced that an enhanced AccessNI check was received; however this was after the commencement of employment. Ms Murphy advised that application had been submitted in respect of the second staff member; however no application had been submitted in respect of the third staff member. Ms Murphy advised that this had not been processed as the staff member did not undertake clinical work. Ms Murphy and Mr MacAllister were informed that any staff members, recruited since registration with RQIA, who have contact with children or vulnerable adults must have an enhanced AccessNI check undertaken.

The original enhanced AccessNI disclosure was retained in the personnel file of the staff member. This is not in keeping with the AccessNI code of practice.

A staff register was developed during the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. Ms Murphy and Mr MacAllister are aware this is a live document which should be kept updated.

Mr MacAllister 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 recruitment and selection procedures are in need of further development to ensure they 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.

Induction programme templates are in place relevant to specific roles within the practice. However, a formal record of induction is not retained in this regard.

Discussion with one hygienist, two dental nurses and two receptionists 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 further development is needed to ensure that 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. The importance of obtaining enhanced AccessNI checks prior to the commencement of employment was discussed with Mr MacAllister and Ms Murphy.

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. However, robust arrangements are needed in relation to enhanced AccessNI checks.

Areas for Improvement

An enhanced AccessNI check should be undertaken in respect of the identified staff member.

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice and disclosure certificates must be handled in keeping with AccessNI's code of practice.

The recruitment policy should be further developed to ensure it is comprehensive and reflects best practice guidance.

Information as outlined in regulation 19 (2), schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained in personnel files of any newly recruited staff.

Records of induction should be retained in the personnel files of any new staff recruited.

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 Mr MacAllister, registered person, one hygienist, two dental nurses and two receptionists. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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 was not completed. However, Mr MacAllister verbally confirmed 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 declaration was provided to RQIA confirming that a system is in place to establish the views of patients about the quality of treatment and other services provided.

The inspector was advised that patient views are actively ascertained online through 'What Clinic'. It was observed that patient views are available on the website.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr MacAllister, registered person and Ms Murphy, dental nurse 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.

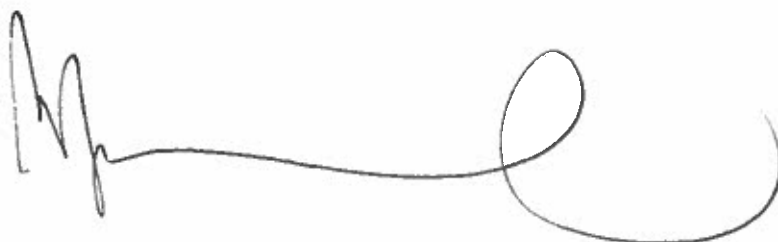
It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 17 September 2015	The registered person must ensure that an enhanced AccessNI check is undertaken for the identified staff member. Enhanced AccessNI checks should be undertaken and received prior to the commencement of employment for any new staff recruited. Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the staff member's name, dates the check was applied for and received, the unique identification number and the outcome of the check.
	Response by Registered Person(s) Detailing the Actions Taken: <i>AccessNI Cert received for all new staff and record retained</i>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 17 September 2015	Further develop the legionella control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and flushing of all infrequently used outlets. Records must be retained for inspection.
	Response by Registered Person(s) Detailing the Actions Taken: <i>Monthly monitoring of water temperatures + records set up by Mairead Murphy</i>
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 17 November 2015	It is recommended that the recruitment policy is further developed to include reference to employment history, enhanced AccessNI checks and health status to ensure it is comprehensive and reflective of best practice guidance.
	Response by Registered Person(s) Detailing the Actions Taken: <i>Recruitment policy has been developed to meet with recommendations - Mairead</i>

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 17 August 2015</p>	<p>It is recommended that the following additional information is retained in personnel files in respect of any new staff recruited:</p> <ul style="list-style-type: none"> • two written references; • details of full employment history, including an explanation of any gaps in employment; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. <p>Response by Registered Person(s) Detailing the Actions Taken: This will be applied for all new members of staff within the new recruitment policy - Mairead</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 17 August 2015</p>	<p>It is recommended that records of induction are retained in the personnel files of any new staff recruited.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This will also apply to all new members of staff using the new recruitment policy - Mairead</p>

Registered Manager Completing QIP	Dr M MacAllister	Date Completed	07-10-15
Registered Person Approving QIP	" "	Date Approved	"
RQIA Inspector Assessing Response		Date Approved	

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





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RQIA Inspector Assessing Response	Emily Campbell	Date Approved	20.10.15
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