

Announced Follow Up Care Inspection Report 23 September 2016



Cavity Corner Ltd

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 236 Antrim Road, Belfast BT15 2AN

Tel no: 02890749679

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced follow up inspection of Cavity Corner Ltd took place on 23 September 2016 from 09:50 to 11:05.

The focus of the follow up inspection was to ascertain the progress made to address the requirements and recommendations made as result of the announced care inspection carried out on 7 June 2016. Observations made, discussion with Mr Brian McMaster, registered person and staff and a review of documentation evidenced that all requirements and recommendations had been addressed.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Brian McMaster, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 June 2016.

2.0 Service details

Registered organisation/registered person: Cavity Corner Limited Mr Brian McMaster	Registered manager: Mr Brian McMaster
Person in charge of the practice at the time of inspection: Mr Brian McMaster	Date manager registered: 16 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

3.0 Methods/processes

During the inspection the inspector met with Mr Brian McMaster and a dental nurse. A tour of some areas of the premises was also undertaken.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- infection prevention and control
- radiography
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

The purpose of this follow up inspection was to ascertain the progress to address the previous requirements and recommendations made as result of the announced care inspection on 7 June 2016.

There were three requirements and 13 recommendations made as a result of the announced care inspection on 7 June 2016. All three requirements and 13 recommendations have been addressed. A review of the actions taken to address the previous requirements and recommendations are outlined in the main body of the report.

4.1 Review of requirements and recommendations from the most recent inspection dated 7 June 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time	The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to new staff commencing work in the practice.	Met
	Action taken as confirmed during the inspection: Mr McMaster confirmed that three new staff had commenced work in the practice since the previous care inspection. All three personnel files for the identified staff members were reviewed. Review evidenced that AccessNI enhanced disclosure checks has been undertaken and received prior to the identified staff members commencing work in the practice. Discussion with	

	Mr McMaster evidenced that he fully understands the procedure to be followed in regards to AccessNI enhanced disclosure checks.	
Requirement 2 Ref: Regulation 19 (1) (b) Stated: First time	<p>The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include:</p> <ul style="list-style-type: none"> • the name of the appointed RPA • a copy of the relevant local rules signed by all appropriate staff to confirm they have read and understood them • a copy of the employer's procedures for the practice to include all aspects as required under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 as amended • a record of staff entitlements • audits of x-ray quality grading (to be completed every six months) • audits of justification and clinical evaluation recording (to be completed annually) • a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed • records pertaining to the servicing and maintenance of radiology equipment • records of radiology training • the radiology file should only include current information; information which is no longer applicable should be removed and filed appropriately 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Mr McMaster confirmed that following the previous care inspection a new radiation protection advisor (RPA) was appointed. Review of the radiation protection file developed by the newly appointed RPA evidenced that it included all documentation as outlined within this requirement. Mr McMaster confirmed that the radiation protection file will be reviewed annually and updated when necessary.</p>	

Requirement 3 Ref: Regulation 19 (1) (b) Stated: First time	<p>The registered person must ensure that the following issues in relation to radiology and radiation safety are addressed:</p> <ul style="list-style-type: none">• a radiation protection advisor (RPA) must be appointed; confirmation of appointment should be retained in the radiation protection file• a critical examination by the appointed RPA of all x-ray equipment must be arranged• confirmation that a RPA has been appointed, the details of the appointed RPA and the date the critical examination has been scheduled must be submitted to RQIA	Met
	<p>Action taken as confirmed during the inspection:</p> <p>As discussed a new RPA has been appointed and confirmation of the appointment was retained in the radiation protection file. The newly appointed RPA visited the practice on the 22 July 2016 and completed a critical examination in respect of all x-ray equipment, certificates confirming this had been retained in the radiation protection file. Mr McMaster did confirm on the submitted Quality Improvement Plan (QIP) that an RPA had been appointed and he also confirmed the date of the critical examination.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.4 Stated: Second time	<p>It is recommended that the steps taken to check handpiece/washer disinfectant/detergent compatibility interim guidance for the cleaning of handpieces, should problems be identified as outlined in PEL (13) 13 Addendum 1 issued on the 24 March 2015 should be followed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr McMaster and a dental nurse confirmed that the steps outlined in PEL (13) 13 Addendum 1 in relation to checking the handpiece/washer disinfectant/detergent compatibility had been followed. Records had been retained of the referrals made to the Northern Ireland Adverse Incident Centre (NIAIC). Mr McMaster is liaising with a designated person in NIAIC in regards to handpiece/washer disinfectant/detergent compatibility.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<p>It is recommended that personnel files should be further developed in respect of any new staff to include the following:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph • evidence that an enhanced AccessNI check was received prior to commencement of employment • two written references, one of which should be from the current/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 • criminal conviction declaration on application • confirmation that the person is physically and mentally fit to fulfil their duties • evidence of professional indemnity insurance, where applicable 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>As discussed three new staff had commenced work since the previous care inspection. Review of all three staff personnel files evidenced that they were comprehensive and included all documentation as outlined above and as specified in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	

Recommendation 3 Ref: Standard 11.1 Stated: First time	<p>The registered person should ensure that information within AccessNI enhanced disclosure certificates is recorded as follows:</p> <ul style="list-style-type: none"> • a record of the date that the application form was submitted to the umbrella organisation • a record of the date the enhanced disclosure check was received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the date and outcome of the registered persons consideration of that certificate <p>Action taken as confirmed during the inspection: Review of records in respect of the three most recently recruited staff members evidenced that information within AccessNI enhanced disclosure certificates has been appropriately recorded.</p>	Met
Recommendation 4 Ref: Standard 11.1 Stated: Second	<p>It is recommended that the recruitment policy is further developed to include the procedure to be followed in regards to undertaking enhanced AccessNI checks</p> <p>Action taken as confirmed during the inspection: Mr McMaster confirmed that following the previous care inspection the recruitment policy had been further developed. Review of a recruitment policy dated August 2016 evidenced that it included the arrangements in regards to undertaking AccessNI enhanced disclosure checks.</p>	Met
Recommendation 5 Ref: Standard 13.4 Stated: First time	<p>The registered person should submit to RQIA upon return of this QIP a copy of the validation certificates confirming that the equipment used in the decontamination process has been validated during the previous 12 calendar months.</p> <p>Action taken as confirmed during the inspection: Mr McMaster did submit a copy of the validation certificates for the equipment used during the decontamination process to RQIA upon return of the QIP. These certificates were also available for review during the inspection.</p>	Met

Recommendation 6 Ref: Standard 13.2 Stated: First time	<p>The registered person should ensure that all information as outlined in the 2013 edition of HTM 01-05 in regards to periodic tests in respect of all equipment used in the decontamination process is consistently recorded in the machine logbooks.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation and discussion with a dental nurse evidenced that all information as outlined in HTM 01-05 in regards to periodic tests had been recorded in the machine logbooks following the previous care inspection.</p>	
Recommendation 7 Ref: Standard 14.2 Stated: First time	<p>The registered person should ensure that routine tests undertaken in respect of the fire detection system to include checks of the emergency break glass boxes and emergency lighting are recorded.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation evidenced that routine tests in respect of the fire detection system have been recorded since the previous inspection.</p>	
Recommendation 8 Ref: Standard 10.3 Stated: First time	<p>The registered person should develop and implement a Freedom of Information Publication Scheme.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation evidenced that a Freedom of Information Publication Scheme is in place. Mr McMaster confirmed that it would be made available to patients and other interested parties upon request.</p>	
Recommendation 9 Ref: Standard 13.2 Stated: First time	<p>The registered person should ensure that compliance with HTM 01-05 is audit every six months using the IPS audit tool in keeping with best practice guidance</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation evidenced that the most recent occasion compliance with HTM 01-05 using the IPS audit tool was completed was on 2 August 2016. Mr McMaster confirmed that the IPS audit will be completed every six months in keeping with HTM 01-05.</p>	

Recommendation 10 Ref: Standard 8.5 Stated: First time	<p>The registered person should ensure that all records pertaining to the practice are available for review by inspectors and staff.</p> <p>Action taken as confirmed during the inspection: All records requested during the inspection were available for review.</p>	Met
Recommendation 11 Ref: Standard 9.4 Stated: First time	<p>The registered person should ensure that a copy of the report detailing the main findings of the most recent patient satisfaction surveys should be available to patients and other interested parties. A copy of the report should be forwarded to RQIA upon return of the QIP</p> <p>Action taken as confirmed during the inspection: A report dated June 2016 detailing the main findings of the patient satisfaction surveys was available for review. Mr McMaster confirmed that a report will be generated on an annual basis and made available to patients and interested parties upon request.</p>	
Recommendation 12 Ref: Standard 8.5 Stated: First time	<p>The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.</p> <p>Action taken as confirmed during the inspection: Review of the requirements and recommendations made during the previous care inspection demonstrated that they had all been addressed. Mr McMaster confirmed that in the future any requirements or recommendations made as a result of an RQIA inspection will be addressed within the specified timeframes.</p>	Met
Recommendation 13 Ref: Standard 8 Stated: First time	<p>The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Action taken as confirmed during the inspection: Following the previous inspection Mr McMaster confirmed that he did review and further develop the monitoring systems in place to ensure effective quality and governance arrangements are in place. The practice software package has been</p>	

	<p>utilised to set reminders when audits, validation and servicing of equipment are due. These reminders will go to all associate dentists and the practice manager in case Mr McMaster is on a period of leave and not in a position to action the reminders. Responsibilities for the completion of certain audits and tasks have been delegated to key staff in the practice and Mr McMaster confirmed that there are monitoring arrangements in place to ensure staff complete tasks designated to them.</p>	
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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