

**Announced Care Inspection  
of  
Cavity Corner Dental Practice**

**15 June 2015**

## 1. Summary of Inspection

An announced care inspection took place on 15 June 2015 from 09:55 to 12:20. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate. Some outstanding issues from the previous inspection also need 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 01 May 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

The details of the QIP within this report were discussed with Mr Brian McMaster, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Responsible Individual:</b> Cavity Corner Limited Mr Brian McMaster  The practice was registered with RQIA as Cavity Corner Dental Practice on the 16 July 2012. Mr McMaster confirmed during this inspection that the practice registered as a limited company on the 01 January 2015. As the restructuring of the practice has resulted in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity. Further information in this regard can be found in section 5.5.4 of this report.	<b>Registered Manager:</b> Mr Brian McMaster
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Brian McMaster	<b>Date Manager Registered:</b> 16 July 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 5

## 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 Brian McMaster, responsible individual, an associate dentist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 01 May 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 01 May 2014

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (3)  <b>Stated:</b> First time	In keeping with the HSSPS policy directive as outlined in Professional Estates Letter (PEL) (13) 13 issued on the 1 October 2013 all compatible reusable dental instruments must be processed using an automated validated washer disinfecter. The practice of manually cleaning reusable dental instruments and bypassing the washer disinfecter must cease immediately.	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr McMaster confirmed that some of the handpieces in the practice are compatible with processing using an automated validated process and that following the previous inspection these handpieces were processed in the washer disinfecter for a period of four months. However, Mr McMaster confirmed that during this four month time period a significant number of handpieces required repair which he attributed to them being processed in the washer disinfecter. Mr McMaster confirmed that as a result of the escalation of handpieces requiring repair he took the decision to stop processing compatible handpieces in the washer disinfecter and reverted to a manual cleaning procedure. PEL (13) 13 Addendum 1 issued on the 24 March 2015 outlines the steps to take to check handpiece/washer disinfecter/detergent compatibility should problems be identified with the decontamination of handpieces, this document was discussed with Mr McMaster. Mr McMaster was not aware that this PEL had been issued. A copy of the PEL was forwarded to Mr McMaster via email on the 15 June 2015.</p> <p>This requirement has not been addressed and it has been stated for the second time. A further</p>	

	recommendation has been made to follow the steps as outlined in PEL (13) 13 Addendum 1.	
Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The outstanding refurbishment works in the decontamination room must be completed to include: <ul style="list-style-type: none"> <li>• A finished floor in keeping with the flooring specifications as outlined in HTM 01-05 must be fitted; and</li> <li>• The walls of the decontamination room must be painted.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that a finished floor has been installed in the decontamination room and that the walls have been painted.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> Second time	An illuminated magnification device must be in place and used to inspect instruments following cleaning as part of the decontamination process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A handheld illuminated magnification was observed in the decontamination room.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	Greater attention to detail must be paid when cleaning low level surfaces.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Low level surfaces such as skirting boards and between the spindles of the stairs were observed to be maintained clean.	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The following issues in relation to decontamination and clinical areas must be addressed: <ul style="list-style-type: none"> <li>• Floors must be sealed at the edges where they meet the walls and kicker boards of cabinetry; and</li> <li>• Worktops must be sealed at the edges where they meet worktop splash backs and walls as appropriate.</li> </ul> <b>Ref: 10.2</b>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the floors and worktops in surgery three had been sealed as recommended. Mr McMaster confirmed that the floors and worktops in the other surgeries have also been sealed.</p>	
<p><b>Recommendation 5</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>All fabric chairs and sofas must be removed from clinical areas.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the fabric sofa in surgery three has been removed and replaced with a sofa that can be easily cleaned. Mr McMaster confirmed that fabric chairs and sofas have been removed from all clinical areas and replaced with chairs and sofas that can be easily cleaned.</p>	Met
<p><b>Recommendation 6</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>In accordance with best practice guidance a hand towel dispenser should be available and wall mounted in the first floor staff toilet.</p> <p><b>Ref: 10.2</b></p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that an automatic hand dryer has been installed in the first floor staff toilet.</p>	Met
<p><b>Recommendation 7</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>In keeping with best practice guidance all overflows in the dedicated hand washing basins must be blanked off using a stainless steel plate and sealed with antibacterial mastic.</p> <p><b>Ref: 10.3</b></p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the overflows in the stainless steel hand washing basins in surgery three have been blanked off. Mr McMaster confirmed that overflows in all dedicated stainless steel hand washing basins have been blanked off.</p>	Met

<b>Recommendation 8</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>In accordance with best practice guidance the following control measure to reduce the risk of legionella should be implemented:</p> <ul style="list-style-type: none"> <li>• routine monitoring of the sentinel water temperatures, records must be retained for inspection.</li> </ul> <p><b>Ref: 10.4</b></p> <p><b>Action taken as confirmed during the inspection:</b> Mr McMaster confirmed that sentinel hot and cold water temperatures are not monitored.</p> <p>This recommendation has not been addressed and it has been stated for the second time.</p>	<b>Not 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, with the exception of an automated external defibrillator (AED) is retained in the practice. Mr McMaster confirmed that the practice has timely access to an AED located in a nearby health centre. Mr McMaster also confirmed that he is in the process of researching AED's and that he intends to purchase an AED for the practice in the near future. 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 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.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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, with the exception of the procedure to be followed in regards to undertaking enhanced AccessNI checks.

One personnel file of a staff member recruited since registration with RQIA was examined. It was identified that significant improvements are required to ensure that the recruitment of staff is in line with the legislative and best practice guidance.

The following items were missing from the personnel file:

- Positive proof of identity, including a recent photograph;
- A criminal conviction declaration ;
- An employment history including gaps in employment;
- Confirmation that the person was physically and mentally fit to fulfil their duties; and

- Two satisfactory references; one of which must be from the persons most recent employer.

Mr McMaster confirmed that he sought verbal references for the staff member recruited since registration with RQIA. Mr McMaster was advised how to evidence that written references had been sought and how to evidence that verbal references had been obtained.

Advice and guidance was given to Mr McMaster in relation to the ongoing management of information which relates to staff recruitment and selection, including the benefits of having one personnel file for each staff member containing the relevant information.

A staff register was not retained 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.

Mr McMaster 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 significant improvement is needed to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed previously, 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.

One personnel file was reviewed. It was noted that this file included a contract of employment/agreement and job description.

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

Discussion with Mr McMaster 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 in need of further development to ensure they are effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated that further development is needed 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. Mr McMaster is aware of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work 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**

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

Staff personnel files for newly recruited staff including self-employed staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.

A staff register should be developed and retained.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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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 Brian McMaster, responsible individual, 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. Twelve 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, discussion with Mr McMaster and review of

documentation demonstrated 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.

### **5.5.4 Registration Issues**

During the inspection Mr McMaster confirmed that the practice is now registered as a limited company known as Cavity Corner Limited. Mr McMaster was advised that where the restructuring of a business results in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity. A requirement has been made to address this. Following this inspection the application paperwork was forwarded to Mr McMaster.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Brian McMaster, responsible Individual 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.

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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (3)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 15 June 2015	<p>In keeping with the HSSPS policy directive as outlined in Professional Estates Letter (PEL) (13) 13 issued on the 1 October 2013 all compatible reusable dental instruments must be processed using an automated validated washer disinfectant. The practice of manually cleaning reusable dental instruments and bypassing the washer disinfectant must cease immediately.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">MET</p>
<b>Requirement 2</b>  <b>Ref:</b> Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 July 2015	<p>The registered person must address the following issue. Where the restructuring of a business results in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity. As the practice is now registered as a Limited company, a new application should be submitted and appropriate fees paid as a matter of urgency to register the practice as Cavity Corner Limited.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">ENQUIRIES MADE</p>

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 July 2015	<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> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">MET</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> Second time  <b>To be Completed by:</b> 15 July 2015	<p>In accordance with best practice guidance the following control measure to reduce the risk of legionella should be implemented:</p> <ul style="list-style-type: none"> <li>• routine monitoring of the sentinel water temperatures, records must be retained for inspection.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">MET</p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 June 2015	<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"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references, one of which should be from the current/most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">MET</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 July 2015	<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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">MET</p>
<b>Recommendation 5</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 July 2015	<p>It is recommended that a staff register should be developed and retained, to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p style="text-align: center;">MET</p>

Registered Manager Completing QIP	B. McMASTER	Date Completed	24-07-15
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](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below:

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	30/07/2015
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