



The **Regulation and
Quality Improvement
Authority**

Clogher Valley Dental Care (Clogher)
RQIA ID: 11437
25 Main Street
Clogher
BT76 0AA

**Inspectors: Emily Campbell
Stephen O'Connor**

Inspection ID: IN022601

Tel: 028 8554 8100

**Announced Care Inspection
of
Clogher Valley Dental Care (Clogher)**

21 August 2015

**The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 21 August 2015 from 13.20 to 14.35. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were generally found to be safe, effective and compassionate. An 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 4 July 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	0	3

The details of the QIP within this report were discussed with Mr Graham, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Richard Graham	Registered Manager: Mr Richard Graham
Person in Charge of the Practice at the Time of Inspection: Mr Richard Graham	Date Manager Registered: 04 November 2013
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 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 inspectors met with Mr Graham, registered person and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment and patient medical history templates.

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 04 July 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 04 July 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: Third time</p>	<p>Establish logbooks for each steriliser.</p> <p>Ensure that the periodic tests for each steriliser are recorded as identified in HTM 01-05.</p> <p>Establish a system to ensure that the cycle parameters of each cycle of the back-up steriliser are recorded. In the absence of a paper print out facility or data-logger, this should entail undertaking and recording an automatic control test for every cycle of the steriliser.</p> <p>Action taken as confirmed during the inspection: Review of equipment logbooks evidenced that separate logbooks were in place for each piece of equipment and all periodic tests were undertaken and recorded as identified in HTM 01-05.</p> <p>A data logger has been installed in the back-up steriliser to record the cycle parameters of each cycle of the steriliser.</p>	Met
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The light pull cord in the ground floor toilet should be replaced and maintained clean.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The exposed wooden strips below the windows in the decontamination room are sealed/painted.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A time scaled refurbishment plan should be established for the practice which should include the refurbishment and repainting of surgeries and removal of carpeted areas in surgeries.</p> <p>As an interim measure the affected cupboard door should be replaced until a full refurbishment can be completed.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that a refurbishment programme has been implemented. The refurbishment of the ground floor surgery has been completed and the first floor surgery is currently being refurbished. New flooring has been laid in both surgeries.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The hand washing sinks in the two surgeries should have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that overflows have been blanked off or new dedicated clinical hand washing basins have been installed.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>Further develop the legionella risk assessment to include the sources of water at the practice and the internal plumbing system.</p> <p>Undertake and record control measures.</p> <p>Action taken as confirmed during the inspection: The legionella risk assessment has been further developed as recommended. Since the previous inspection, new guidance has been issued by the Health and Safety Executive regarding the frequency of monitoring hot and cold water temperatures and Mr Graham has subsequently decided to monitor these on a six monthly basis. Records of water temperatures were retained in this regard.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The practice should have a procedure to manage the infection risk from their dental unit water lines (DUWLs) either compliant with the manufacturer's instructions or with the guidance from HTM01 05.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Mr Graham confirmed that DUWLs are flushed at the start of each session and between patients. However, there is still no process of disinfecting DUWLs. This was discussed in detail with Mr Graham, who advised that he will not introduce a disinfection procedure as he feels this will put himself and staff at greater risk. Mr Graham was asked if he would carry out testing of the lines to ensure that there are no issues regarding microbiological growth in order to ensure that there is no risk to patients. Mr Graham stated that he will not do this. Mr Graham advised that he contacted the manufacturer supplier who advised that DUWLs do not need treated with disinfectant.</p> <p>In relation to DUWLs, HTM 01-05 notes that "For those using purified water, such as distilled or RO, possibly with UV treatment, the rate of biofilm build-up is likely to be low, provided that water lines are regularly disinfected and maintained."</p> <p>In the absence of any disinfection procedure in relation to the management of DUWLs, a recommendation was made that advice and guidance should be sought from the Department of Health, Social Services and Public Safety (DHSSPS) Sustainable Development Engineering Branch (SDEB) in this matter. Any recommendations made by SDEB should be implemented.</p>	<p>Not Met</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 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. However, oropharyngeal airways had exceeded their expiry dates. An automated external defibrillator (AED) is not available in the practice, however, the practice has access to a community AED in a timely manner. The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Graham was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

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 Mr Graham and staff and review of medical history 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 generally 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 Graham 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 Mr Graham and 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 Mr Graham and 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

Oropharyngeal airways should be replaced and included in the monthly checking procedure.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. As no staff have been directly employed since registration with RQIA, it was suggested that the policy is further developed prior to the recruitment of any new staff, to ensure it is comprehensive and reflects best practice guidance. This should include reference to employment history, enhanced AccessNI checks and health status.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Graham confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- 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.

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 Graham 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, recruitment and selection procedures were generally found to be safe.

Is Care Effective?

As discussed, the recruitment and selection procedures need some development prior to the recruitment of new staff to ensure they comply with all relevant legislation.

Template job descriptions, contracts of employment/agreement and induction programmes are available for use in the event of new staff being recruited.

Discussion with three dental nurses confirmed that they 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 effective.

Is Care Compassionate?

Mr Graham confirmed that recruitment and selection procedures would be further developed prior to any new staff being recruited, to ensure they 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.

Discussion with Mr Graham and 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 Mr Graham and 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

A staff register should be developed.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspectors spoke with Mr Graham, registered person and three dental nurses. 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.

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 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 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 Graham, registered person, 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 RQIA's office 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.

26 OCT 2015

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be Completed by: 21 November 2015</p>	<p>It is recommended that advice and guidance should be sought from the Department of Health, Social Services and Public Safety (DHSSPS) Sustainable Development Engineering Branch (SDEB) regarding the use of a disinfection procedure for the management of dental unit water lines (DUWLs).</p> <p>Any recommendations made by SDEB should be implemented.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>JOHN SANDY OF THE (DHSSPS) (SDEB) WAS CONTACTED. HIS ADVICE WAS TO FOLLOW THE MANUFACTURER'S INSTRUCTIONS. THIS IS WHAT WE DO.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>It is recommended that oropharyngeal airways sizes 0 – 4 should be replaced and included in the monthly checking procedure.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>THESE ARE ON ORDER.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>It is recommended that a staff register is developed 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. This should include associate dentists or other self-employed persons working in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>THIS IS NEXT BY OUR ACCOUNTANTS WHO MANAGE THE PAYROLL</i></p>

Registered Manager Completing QIP		Date Completed	22/10/19
Registered Person Approving QIP		Date Approved	22/10/19
RQIA Inspector Assessing Response		Date Approved	

Please ensure this document is completed in full and returned to RQIA's office

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RQIA Inspector Assessing Response	Emily Campbell	Date Approved	26.10.15
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