



The Regulation and
Quality Improvement
Authority

Crossgar Dental Practice
RQIA ID: 11451
48 Killyleagh Street
Crossgar
BT30 9DQ

Inspector: Norma Munn
Inspection ID: IN023681

Tel: 028 4483 2585

**Announced Care and Variation to Registration Inspection
of
Crossgar Dental Practice**

27 October 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

1.0 Summary of Inspection

An announced care inspection took place on 27 October 2015 from 08:45 to 11:15. The purpose of this inspection was to carry out the scheduled announced inspection on the focused themes and standards. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Mr Colin Muldoon, Estates Inspector, undertook an estates inspection in relation to the increase in dental surgeries on 16 November 2015. The report and findings of the estates inspection will be issued under separate cover. The variation to the registration in regards to the increase in the number of registered chairs from two to three was approved post inspections.

On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. 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

No actions were required to be taken following the last care inspection on 9 December 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	4

The details of the QIP within this report were discussed with Mr Paul O'Hare, 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 Paul O'Hare	Registered Manager: Mr Paul O'Hare
Person in Charge of the Practice at the Time of Inspection: Mr Paul O'Hare	Date Manager Registered: 9 May 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2 increasing to 3 post inspection

3. Inspection Focus

The inspection sought to review the arrangements in relation to the application of variation to increase the number of registered dental chairs from two to three.

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, complaints declaration and the submitted variation application.

During the inspection the inspector met with Mr O'Hare, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment and the procedure for obtaining and reviewing 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 9 December 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 9 December 2014

As above.

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr O'Hare and 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 in general emergency medicines are provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored out of the fridge and a revised expiry date had not been recorded. Mr O'Hare was advised that if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. A recommendation has been made. It was observed the format of Buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr O'Hare 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 system is in place to ensure that emergency medicines do not exceed their expiry date.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children. A recommendation has been made. A system is in place to ensure that equipment does not exceed their expiry date. However, the oropharyngeal airways observed had exceeded their expiry dates. Oropharyngeal airways should be included in the checking procedure and more robust arrangements should be implemented to ensure emergency equipment does not exceed their expiry date. A recommendation has been made.

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 generally found to be safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. A minor amendment was made to the policy following the inspection. 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

Glucagon medication should be stored in accordance with the manufacturer's guidance.

A self-inflating bag with reservoir suitable for use with children should be provided.

The expired oropharyngeal airways should be replaced and more robust arrangements should be implemented to ensure emergency equipment does not exceed their expiry date.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. A minor amendment was made to the policy following the inspection. The policy was comprehensive and reflected best practice guidance.

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

- 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 copy of the original enhanced AccessNI disclosure was retained in one file for a member of staff who had been employed longer than six months. This is not in keeping with AccessNI Code of Practice. Mr O'Hare was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and a record should be retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review. A recommendation has been made.

A staff register was developed during the inspection to contain staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr O'Hare 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?

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr O'Hare 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 effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated 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.

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

AccessNI checks must be handled in keeping with the AccessNI Code of Practice. A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.

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 inspector spoke with Mr O'Hare, Registered Person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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 indicated 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 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 Variation to Registration

An application was submitted to RQIA by the registered person, Mr Paul O'Hare, to vary the current registration of Crossgar Dental Practice. The practice was initially registered on 9 May 2012 and the application made was to increase the number of registered dental chairs from two to three. Mr O Hare confirmed that the additional dental chair had not yet been used for private care or treatment.

Statement of Purpose and Patient Guide

A review of the statement of purpose and patient guide confirmed that they reflect the current arrangements in the practice.

Staffing

Discussion with Mr O'Hare confirmed that a dental foundation year one (DF1) dentist had recently been recruited in association with the additional dental chair.

Radiology

An intra-oral x-ray machine has been installed in the new surgery. Review of the radiation protection file evidenced that a critical examination of the x-ray unit had been undertaken by the appointed radiation protection advisor (RPA) and any recommendations made have been addressed. The local rules were on not on display on the day of the inspection. However, following the inspection Mr O'Hare confirmed by electronic mail that the local rules were now displayed. Staff confirmed that the patient's medical history is checked and that consent is obtained prior to taking x-rays.

Environment

The inspector undertook a tour of the new surgery which was maintained to a good standard of maintenance and décor. The wall mounted soap dispenser had not been installed at the hand washing basin and hand hygiene information was not displayed. Following the inspection, Mr O'Hare confirmed by electronic mail that the wall mounted soap dispenser was in place and hand hygiene information was laminated and on display.

Registration of the third dental chair was approved following the care and estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr O'Hare, 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 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	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 October 2015</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 November 2015</p>	<p>It is recommended that a self-inflating bag with reservoir suitable for use with children is provided.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 November 2015</p>	<p>It is recommended that the expired oropharyngeal airways are replaced and more robust arrangements implemented to ensure emergency equipment does not exceed their expiry date.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 27 October 2015</p>	<p>It is recommended that enhanced AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice.</p> <p>A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p>

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk