

**Announced Care Inspection
of
Dundonald Dental Practice**

14 August 2015

1. Summary of Inspection

An announced care inspection took place on 14 August 2015 from 09.50 to 11.30. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. One requirement in relation to the management of legionella risk which had been stated during the previous inspection had not been fully addressed and the relevant section has been stated for the second time. 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 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	2	4

The details of the QIP within this report were discussed with Ms Karen Donnelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Oasis Dental Care Mr Andy Relf	Registered Manager: Ms Karen Donnelly
Person in Charge of the Practice at the Time of Inspection: Ms Karen Donnelly	Date Manager Registered: 16 March 2015

Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3
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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 Ms Donnelly and one dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment, and the process in place for recording 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. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 9 December 2015.

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (7) Stated: First time	The legionella risk assessment for Dundonald Dental Practice should be updated to address the following issues; <ul style="list-style-type: none"> • the legionella risk assessment should be reviewed every two years or following any alteration or modification to the water system; • the responsible person identified in the risk assessment no longer works in the dental practice, the current responsible person should be identified; 	Partially Met

	<ul style="list-style-type: none"> evidence should be provided in order to verify that each of the recommendations made in the summary of the inspection report dated 5 September 2011, have been addressed; further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures. Records must be retained for inspection; and a current schematic diagram showing all major components of the water system should be provided. <p>Ref: 10.4</p> <p>Action taken as confirmed during the inspection:</p> <p>Ms Donnelly confirmed that the legionella risk assessment had not been updated following the previous care inspection. Ms Donnelly confirmed that Oasis Dental Care are in the process of having the legionella risk assessments reviewed and updated for all of the sites across the region of Northern Ireland.</p> <p>A review of the records confirmed that the responsible individual has been updated on all of the documentation.</p> <p>Ms Donnelly confirmed that some of the recommendations made during the previous legionella risk assessment had been addressed. However, Ms Donnelly was unclear if all had been addressed. Ms Donnelly was advised to familiarise herself with the recommendations to ensure that they have been addressed. Following the inspection Ms Donnelly confirmed that the recommendations made have been fully addressed.</p> <p>A review of the records and discussion with one dental nurse confirmed that the control measures have been implemented and embedded into practice.</p> <p>A current schematic drawing showing all the majority components of the water system has not been developed.</p> <p>This requirement has been partially met and the</p>	
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	relevant sections have been stated for the second time.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	Implement a system to ensure that all staff are undertaking the relevant periodic tests on both washer disinfectors as outlined in best practice. Review the manufacturer's instruction and if applicable undertake a soil test on the washer disinfectors, results should be recorded in the machine logbooks. Ref: 9.0	Met
	Action taken as confirmed during the inspection: A review of the records and discussion with one dental nurse confirmed that the relevant periodic testing, including a soil test on the washer disinfectors, are being undertaken and recorded in the machine logbooks.	
Recommendation 2 Ref: Standard 13 Stated: First time	A wall mounted dispenser for disposable aprons should be provided in the decontamination room. Ref: 10.7	Met
	Action taken as confirmed during the inspection: A wall mounted dispenser for disposable aprons has been provided in the decontamination room.	

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. It was observed that the format of buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Ms Donnelly 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. Glucagon was not retained in the fridge. Glucagon has a reduced shelf life when not retained in the fridge. The storage arrangements for Glucagon were discussed with Ms Donnelly. A 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.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be generally 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.

Overall 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.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Replace the Glucagon medication and record a revised expiry date on the medication packaging.

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. The policy was comprehensive and reflected best practice guidance, with the exception of the procedure to be followed in regards to enhanced AccessNI checks.

Four personnel files of staff recruited since registration with RQIA were examined. Ms Donnelly confirmed that the procedure for the recruitment of staff in Oasis Dental Care includes some local processes and some centrally located processes.

Of the four files examined it was identified that Oasis Dental Care are undertaking the required checks and obtaining the required information for staff during the recruitment process. However, none of the four files examined contained all of the required information. This was discussed with Ms Donnelly and a requirement was made to ensure that recruitment records are retained in detail for all new staff and must be available for inspection.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth.

Ms Donnelly 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 confirmed that some improvement is required to ensure that recruitment and selection procedures are safe.

Is Care Effective?

The dental service's recruitment and selection procedures were reviewed and as outlined above require to be further developed to include all of the relevant information.

Four personnel files were reviewed. Not all of the files examined included contracts of employment or a job description. However, Ms Donnelly confirmed that staff had been furnished with both on commencement of employment.

Ms Donnelly confirmed that staff have received induction training when they commenced work in the practice and induction programme templates were reviewed. However, not all of the files examined contained a completed copy of the staff induction programme.

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 generally effective.

Is Care Compassionate?

The dental service's recruitment and selection procedures were reviewed and as outlined above require to be further developed to include all of the relevant information.

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

The recruitment policy should be further developed to include the procedure to be followed in relation to enhanced AccessNI checks.

Ensure that all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is retained and available for inspection for all staff recruited since registration with RQIA and any new staff recruited.

Induction programmes for staff should be completed and retained.

Number of Requirements:	1	Number of Recommendations:	2
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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 one dental nurse. 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

A sample questionnaire and the most recent patient satisfaction report were reviewed. The questionnaire completed by patients contains nine questions. However, the report only reflects outcomes from three of the nine questions. This was discussed with Ms Donnelly who was unsure of why this was the case and confirmed that the report is computer generated following input of completed questionnaires. A recommendation was made to review and address the deficits with the patient satisfaction report.

Ms Donnelly confirmed that patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Donnelly, registered manager, 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 15 (7) Stated: First time To be Completed by: 14 October 2015	<p>The registered person must ensure that the legionella risk assessment for Dundonald Dental Practice is updated to address the following issues;</p> <ul style="list-style-type: none"> the legionella risk assessment should be reviewed every two years or following any alteration or modification to the water system; and a current schematic diagram showing all major components of the water system should be provided. <p>Response by Registered Person(s) Detailing the Actions Taken: I have contacted the company Estates department and they are to advise me of a date when a new risk assessment will be carried out and a new Schematic diagram sourced.</p>
Requirement 2 Ref: Regulation 19(2)(d) and Schedule 2 Stated: First time To be Completed by: 14 September 2015	<p>The registered person must ensure that they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for all staff recruited since registration with RQIA and any new staff recruited.</p> <p>Records must be retained and available for inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Records have now been updated. going forward all documentation will be collected at practice level.</p>
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 14 September 2015	<p>It is recommended that the Glucagon medication is replaced and a revised expiry date is recorded on the medication packaging.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New Glucagon has been ordered and new expiry date recorded in accordance with storing in a cupboard with other medical emergency drugs rather than fridge.</p>
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 14 October 2015	<p>It is recommended that the recruitment policy is further developed to include the procedure to be followed for undertaking enhanced AccessNI disclosure checks for newly recruited staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Head office are issuing a new recruitment policy to reflect procedure in Northern Ireland, in the absence of such a policy currently, we are adopting such policy anyway.</p>

Recommendation 3 Ref: Standard 11.3 Stated: First time To be Completed by: 14 October 2015	<p>It is recommended that staff induction programmes are completed following commencement of employment and retained on staff personnel files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff inductions are in place for those staff which I have recruited and going forward will be in all newly employed staffs folders. Inductions will be thoroughly documented to include all that has been covered</p>
Recommendation 4 Ref: Standard 9.4 Stated: First time To be Completed by: 14 October 2015	<p>It is recommended that the results of the patient satisfaction survey reflect the outcomes of the whole survey.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: I have spoken with our patient liason officer and marketing department and they have advised the results we display are a fair reflection of the questions asked and meet current guidance</p>

Registered Manager Completing QIP	Karen Donnelly	Date Completed	15.9.15
Registered Person Approving QIP	Andy Relf	Date Approved	15.9.15
RQIA Inspector Assessing Response	Lynn Long	Date Approved	15/09/15

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