



The Regulation and
Quality Improvement
Authority

Springfield Dental Surgery
RQIA ID: 11496
74 Springfield Road
Belfast
BT12 7AH

Inspector: Carmel McKeegan
Inspection ID: IN022826

Tel:028 9032 2691

**Announced Care Inspection
of
Springfield Dental Surgery**

30 September 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

Summary of Inspection

An announced care inspection took place on 30 September 2015 from 10.30 to 12.00. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. One recommendation made at the previous inspection, relating to the closure of a hatch between Mr Toner's surgery and the decontamination room has not been met and is stated for a 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 14 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
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with Mr Eamonn Toner, 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 Eamonn Toner	Registered Manager: Mr Eamonn Toner
Person in Charge of the Practice at the Time of Inspection: Mr Eamonn Toner	Date Manager Registered: 11 June 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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

3. 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 Toner, registered person, the practice manager and two dental nurses.

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

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 14 May 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection dated 14 May 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The work top in Mr Toner's surgery should be de-cluttered in line with good practice and to facilitate easier cleaning.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Toner and observation of the work surface in his dental surgery indicated that Mr Toner had removed unnecessary items. However whilst the work surfaces were generally clean and tidy, the corner area behind the x-ray machine had a notable accumulation of dust. Mr Toner stated that this area would be cleaned immediately following the inspection. It is recommended that the cleaning schedule for Mr Toner's dental surgery is further developed to prevent recurrence.	

<p>Recommendation 2</p> <p>Ref: Standard 13 Stated: First time</p>	<p>Cabinetry should be sealed where it meets the flooring in the decontamination room.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the decontamination room confirmed that the cabinetry had been sealed as recommended.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13 Stated: First time</p>	<p>Keyboard cover or an easy clean waterproof keyboard should be provided for the dental surgery.</p> <hr/> <p>Action taken as confirmed during the inspection: The computer keyboard in Mr Toner's surgery did not have an easy clean waterproof cover. Mr Toner and the practice manager stated that they had exhausted all medical suppliers and computer stores and were unable to source a cover for the keyboard in Mr Toner's surgery. It was observed that the keyboard was not a standard size and the inspector suggested changing the keyboard to a standard size in order to obtain a suitable cover. Written confirmation was received in RQIA on the afternoon of the inspection to confirm that a standard size keyboard was provided in Mr Toner's surgery and a suitable easy clean waterproof cover was ordered and would be delivered within the next two days.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13 Stated: First time</p>	<p>Pedal operated clinical waste bins should be provided.</p> <hr/> <p>Action taken as confirmed during the inspection: Pedal operated clinical waste bins were observed in the dental practice as recommended.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 13 Stated: First time</p>	<p>The hatch between the surgery and decontamination room should be closed and sealed.</p> <hr/> <p>Action taken as confirmed during the inspection: The hatch between Mr Toner's surgery and the decontamination room was not closed or sealed and the sliding window was open. Mr Toner stated that the sliding window would usually be kept closed. However, due to the continued risk of aerosol spray travelling into the decontamination room via the hatch, this recommendation is stated for a second time.</p>	<p>Not Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 13 Stated: First time</p>	<p>Further develop the DAC Universal logbook to include the detail of the machine specifics (make, model, serial number etc.), and fault log.</p> <p>Periodic test records should be further developed to incorporate the periodic tests for both a washer disinfectant and steriliser and tests undertaken and recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the respective separate log books for the DAC Universal, the steriliser and the washer disinfectant confirmed that this recommendation had been met. Log books were observed to accurately recorded and up to date.</p>		

4.3 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), with the exception of Glucagon for injection. Mr Toner stated that Glucagon would be ordered immediately after the inspection. Pictorial and written evidence was received in RQIA by email on 30 September 2015 to confirm that Glucagon was provided in the dental practice.

Mr Toner was aware that Glucagon can be stored at room temperature for up to 18 months within the manufacturer's expiry date from the date the cold chain was broken, and confirmed that the revised expiry date of this medication would be included in the monthly checking protocol.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. 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?

An overarching policy for the management of medical emergencies has not been established. 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 written protocols for dealing with medical emergencies.

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 generally 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

A policy for the management of medical emergencies should be developed to reflect current best practice guidance.

Number of Requirements:	0	Number of Recommendations:	1
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4.4 Recruitment and selection**Is Care Safe?**

Review of the recruitment policy and procedure identified that further development was needed. The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which states the information required in respect of employees, and advised that a recruitment and selection policy should reflect the information contained therein. A recruitment check list was shared with Mr Toner and the practice manager as an aide memoire for the recruitment of staff.

The practice has not employed any new staff since registration with RQIA; however Mr Toner had individual staff personnel files in place for existing staff which were available for review. Discussion with Mr Toner and the practice manager confirmed 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 retained 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.

Mr Toner 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 found to be 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.

Induction programme templates are in place relevant to specific roles within the practice.

Discussion with Mr Toner, staff and review of returned staff questionnaires 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 generally 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

The recruitment and selection policy should be further developed as outlined.

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

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection the inspector spoke with Mr Toner, registered person, the practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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 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 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.

Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Eamonn Toner, 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.

4.6 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.

4.7 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.

4.8 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.





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Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13 Stated: Second time</p> <p>To be Completed by: 30 November 2015</p>	<p>The hatch between the surgery and decontamination room should be closed and sealed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been carried out.</p>
<p>Recommendation 2</p> <p>Ref: Standard 13 Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>It is recommended that the cleaning schedule for Mr Toner's dental surgery is further developed to ensure work surfaces are regularly cleaned to prevent the accumulation of dust.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Please find cleaning schedule amended to include recommendations</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.1 Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed. The policy should include the following information:</p> <ul style="list-style-type: none"> • arrangements for staff training; • list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • how to summons help in an emergency; • the procedure for documenting medical emergencies; • and the procedure to be followed in regards to staff debriefing following a medical emergency <p>Response by Registered Person(s) Detailing the Actions Taken: Overarching policy for medical emergencies attached as per recommendations</p>

<p>Recommendation 4</p> <p>Ref: Standard 11.1 Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>It is recommended that the recruitment and selection policy and procedures are further developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant. 		
<p>Response by Registered Person(s) Detailing the Actions Taken: Further development of recruitment and selection policy enclosed</p>			
<p>Registered Manager Completing QIP </p>		<p>Date Completed</p>	<p>10/10/15</p>
<p>Registered Person Approving QIP </p>		<p>Date Approved</p>	<p>10/10/15</p>
<p>RQIA Inspector Assessing Response</p>		<p>Date Approved</p>	

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



RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	4.1.16
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