



The Regulation and
Quality Improvement
Authority

The Dental Centre
RQIA ID: 11541
315-317 Donegall Road
Belfast
BT12 6FQ

Inspector: Carmel McKeegan
Inspection ID: IN023673

Tel: 028 9032 8765

**Announced Care Inspection
of
The Dental Centre

19 November 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 19 November 2015 from 10.30 to 13.20. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. A previous recommendation relating to the Infection Prevention Society (IPS) audit (2013 edition) had not been addressed 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 20 November 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	5

The details of the QIP within this report were discussed with Mr Jan Gilbert, 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 Jan Gilbert	Registered Manager: Mr Jan Gilbert
Person in Charge of the Practice at the Time of Inspection: Mr Jan Gilbert	Date Manager Registered: 4 October 2011
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 inspector met with Mr Jan Gilbert, registered person, a dental nurse and the receptionist.

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 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 20 November 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 20 November 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: First time	Dental hand pieces should be decontaminated in line with the manufacturer's instructions and any hand pieces which are compatible with the washer disinfectant should be decontaminated using this process.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Gilbert and a dental nurse confirmed that dental handpieces, which are compatible with the washer disinfectant, are decontaminated using this process.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 14 Stated: First time	Written evidence should be provided to verify the monthly monitoring of hot and cold sentinel water temperatures and flushing of all infrequently used outlets. Records must be retained for inspection.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Gilbert confirmed that hot and cold sentinel water temperatures and flushing of all infrequently used outlets is undertaken. A written record which was signed and dated was in place.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>In the interest of infection control management the following areas should be addressed:</p> <ul style="list-style-type: none"> • the policy and procedure in place for cleaning and maintaining the environment should be further developed to include the arrangements for the non-clinical areas and the clinical areas of the practice • the procedure should clearly state the uniform colour coded system to be used by both practice staff and the contracted cleaner. • the contracted cleaner should avoid bringing cleaning equipment into the dental practice and use the colour coded cleaning equipment provided in the practice. <hr/> <p>Action taken as confirmed during the inspection: Review of relevant documentation confirmed that a policy and procedure had been developed which included all of the areas identified in this recommendation.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The grouting of the tiled floor in both surgeries and the decontamination room should be sealed with an appropriate sealant to make it impervious.</p> <p>Flooring should sealed where the skirting boards and cabinetry meets the flooring.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Mr Gilbert and observation of the dental surgeries and the decontamination room confirmed that this recommendation had been addressed.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <hr/> <p>Action taken as confirmed during the inspection: Sharps boxes observed were observed to have been signed and dated on assembly, discussion with Mr Gilbert and the dental nurse confirmed that sharps boxes are also dated and signed when closed.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Laminated/wipe-clean posters promoting hand hygiene should be displayed in dental surgeries and the decontamination room.</p> <hr/> <p>Action taken as confirmed during the inspection: Lamination/wipe clean posters were observed in both dental surgeries and the decontamination room.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>An audit of HTM 01-05 using the Infection Prevention Society (IPS) audit tool (2013 edition) should be undertaken six monthly.</p> <hr/> <p>Action taken as confirmed during the inspection: Mr Gilbert confirmed that this audit had not been undertaken; advice was given regarding this and a hard copy of the Infection Prevention Society (IPS) audit tool (2013 edition) was provided to Mr Gilbert.</p> <p>This recommendation has not been met and is stated for a second time.</p>	<p>Not Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Gilbert 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 Mr Gilbert and 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), glucagon medication was stored in the fridge however the fridge temperature was not being monitored to evidence that the cold chain has been maintained. Mr Gilbert was advised that Glucagon can be stored at room temperature however 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. Mr Gilbert decided to store the Glucagon with other emergency medications; this issue was addressed during the inspection.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a pocket mask with oxygen port, portable suction, and clear face masks suitable for an adult and a child. Oropharyngeal airways were provided in sizes 3 and 4 but had exceeded their expiry dates. A self-inflating bag with reservoir suitable for a child was available however this piece of emergency equipment was not in a ready to use condition and was discussed with Mr Gilbert. A recommendation was made that emergency equipment is provided as outlined by the Resuscitation Council (UK) guidelines.

Mr Gilbert confirmed that an automated external defibrillator (AED) was not provided in the dental practice and a recommendation was made in this regard.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. Mr Gilbert confirmed that the emergency equipment will be included in future checks. Mr Gilbert is the 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. 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

A pocket mask with an oxygen port, portable suction, clear face masks in sizes suitable for an adult and a child and oropharyngeal airways in sizes 0-4 should be provided as recommended by the Resuscitation Council (UK) guidelines.

Advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

Guidance information relating to some aspects of general recruitment and selection procedures were available however a clearly defined recruitment and selection procedure to be applied in the dental practice was not in place. 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.

Four 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
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications
- confirmation that the person is physically and mentally fit to fulfil their duties.
- evidence of current GDC registration and
- evidence of professional indemnity insurance

Two written references had not been provided for applicants, Mr Gilbert stated that he sought verbal references however had not retained a record. Advice was provided and Mr Gilbert was referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which clearly states the information required in respect of employees. A recommendation was made in this regard.

During discussions it became evident that Mr Gilbert had assumed that a criminal conviction declaration was covered through the AccessNI checking procedure, advice was provided in this area as to how this may be provided for future persons seeking employment in the practice. Mr Gilbert confirmed by telephone on 30 November 2015 that a criminal conviction declaration statement for signing would be completed by future applicants and be included in the recruitment and selection policy and procedures.

It was noted in each staff personnel file that a copy of the original enhanced AccessNI enhanced disclosure check had been retained. This is not in keeping with AccessNI Code of Practice and a recommendation has been made to address this.

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 Gilbert 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 further development is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Four 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 four personnel files evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Gilbert and staff 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 it was identified that further development is needed to ensure that recruitment and selection procedures are 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

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including two written references.

AccessNI checks must be handled in keeping with the AccessNI code of practice.

Number of Requirements:	0	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 Mr Jan Gilbert, registered person and a dental nurse. 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

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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Jan Gilbert, 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 **RQIA's office (non- paperlite)** 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 13</p> <p>Stated: Second time</p> <p>To be Completed by: 19 December 2015</p>	<p>It is recommended that the Infection Prevention Society (IPS) audit tool (2013 edition) should be undertaken six monthly in accordance with HTM 01-05.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>IPS AUDIT TOOL NOW USED AND WILL BE EACH 6/12</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 19 December 2015</p>	<p>It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>FUNDS HAVE BEEN DIVERTED FROM OTHER SOURCES TO OBTAIN AN AED. AS OF 28-12-15 THE DEVICE IS ON THE PRACTICE PREMISES.</i></p>

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 December 2015</p>	<p>It is recommended that a recruitment and selection policy and procedures are 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; proof of ID including a photograph; employment checks; employment history; two written references; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies; professional indemnity cover where applicable and include a criminal conviction declaration by the applicant. <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>AS DISCUSSED, IT IS NOT ALWAYS POSSIBLE TO OBTAIN WRITTEN REFERENCES AND NO EMPLOYER IS OBLIGED TO ISSUE ONE EFFORTS HAVE NONE THE LESS ALWAYS BEEN MADE TO OBTAIN SAME.</p> <p>A CRIMINAL CONVICTION DECLARATION IS NOW INCLUDED IN OUR DOCUMENTATION</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 November 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including two written references.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>THIS APPEARS TO DUPLICATE AN ELEMENT OF RECOMMENDATION 3 THEREFORE I REFER TO MY RESPONSE</p>

Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 19 November 2015	It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.		
	Response by Registered Person(s) Detailing the Actions Taken: ACCESS NI DISCLOSURE CERTIFICATES NO LONGER RETAINED		
Registered Manager Completing QIP	<i>J GILBERT</i>	Date Completed	<i>28/12/15</i>
Registered Person Approving QIP	<i>J GILBERT</i>	Date Approved	<i>28/12/15</i>
RQIA Inspector Assessing Response		Date Approved	

**Please ensure this document is completed in full and returned to
 Regulation and Quality Improvement Authority,
 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT **



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RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	7.01.16
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