



The Regulation and
Quality Improvement
Authority

Inspector: Stephen O'Connor
Inspection ID: IN021266

Garvagh Dental Surgery
RQIA ID: 11550
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**Announced Care Inspection
of
Garvagh Dental Surgery**

16 June 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. Summary of Inspection

An announced care inspection took place on 16 June 2015 from 09:50 to 11:30. Overall 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 29 August 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 the Mr Arthur Kerr, 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 Arthur Kerr	Registered Manager: Mr Arthur Kerr
Person in Charge of the Practice at the Time of Inspection: Mr Arthur Kerr	Date Manager Registered: 30 July 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1

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 Arthur Kerr, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and three 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 29 August 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 29 August 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Review the manufacturer's guidance and undertake and record the results of a daily steam penetration test for the DAC Universal in accordance with the guidance.	Met
	Action taken as confirmed during the inspection: Review of the DAC Universal logbook demonstrated that a steam penetration test is undertaken daily and results recorded.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>To aid effective cleaning the floor covering in the dental surgery should be sealed at the edges where it meets the walls and kicker boards of cabinetry.</p> <hr/> <p>Action taken as confirmed during the inspection: It was observed that the floor in the dental surgery has been sealed at the edges where it meets the skirting boards and kicker boards of cabinetry.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The following issues in relation to legionella must be addressed;</p> <ul style="list-style-type: none"> • The risk assessment must be further developed to include details of the practice plumbing system, including any water storage systems (if applicable); and • Monthly monitoring of water temperatures should commence as an additional legionella control measure, and records retained. <hr/> <p>Action taken as confirmed during the inspection: Review of the legionella risk assessment demonstrated that it does include the details of the practice plumbing system and a schematic diagram of the plumbing system. Review of records confirmed that hot and cold sentinel water temperatures are monitored monthly and results recorded.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Review the manufacturer's guidance and ensure that the DUWLs are purged/disinfected in accordance with the guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Mr Kerr confirmed that following review of the manufacturer's guidance the procedure for disinfecting the DUWLs was further developed. Arrangements have been established for daily continual dosing of the DUWLs with a commercially available biocide in keeping with the manufacturer's guidance.</p>	<p>Met</p>

Recommendation 5 Ref: Standard 13 Stated: First time	Sharps containers suitable for the disposal of pharmaceutical waste must be provided.	Met
	Action taken as confirmed during the inspection: It was observed that a purple lidded sharps container suitable for the disposal of pharmaceutical waste was available in the dental surgery.	
Recommendation 6 Ref: Standard 13 Stated: First time	The Infection Prevention Society (IPS) audit tool should be completed every six months in keeping with best practice guidance as outlined in HTM 01-05.	Met
	Action taken as confirmed during the inspection: Mr Kerr confirmed that the electronic version of the IPS audit tool is now completed every six months. Review of documents confirmed that this audit was last completed on the 15 June 2015.	

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 in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that Glucagon medication is not stored in a fridge and that a revised expiry date had not been recorded on the medication packaging to reflect this, and that the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Kerr was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Review of medical emergency equipment and discussion with Mr Kerr demonstrated that portable suction, oropharyngeal airways and an automated external defibrillator (AED) have not been provided in keeping with the Resuscitation Council (UK) guidance. Mr Kerr

confirmed that the practice has timely access to an AED located in the medical centre attached to the dental 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 it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are safe.

Is Care Effective?

Review of the policy for the management of medical emergencies policy demonstrated that it needs further developed to ensure it reflects best practice guidance. The following information should be included:

- the practice arrangements in regards to the provision of medical emergency training;
- the procedure to summons help in the event of a medical emergency;
- the procedure for documenting medical emergencies;
- the procedure to be followed to debrief staff following a medical emergency; and
- a list of the emergency medicines and equipment retained in the practice.

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 generally 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 should be stored in keeping with the manufacturer's instructions.

Emergency equipment should be provided in keeping with the Resuscitation Council (UK) guidance.

The medical emergency policy should be further developed to ensure it reflects best practice guidance.

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

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- two written references;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable, was established during the inspection.

Mr Kerr 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, with the exception of the procedure to be followed in regards to AccessNI checks.

Review of documentation demonstrated that induction checklists have been prepared should new staff be recruited in the future.

Discussion with Mr Kerr and staff demonstrated 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, with the exception of issues previously discussed.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Mr Kerr is aware of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work 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 ensure it reflects best practice guidance.

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 Kerr, responsible person 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in 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 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.

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 Kerr, responsible 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 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.

6.2 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 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 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 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: 23 June 2015</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's instructions. 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 expiry date checklist to reflect that the cold chain has been broken. If stored in a 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: Glucagon medication renewed. Stored at room temperature with revised expiry date 18mths from receipt date.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 16 July 2015</p>	<p>It is recommended that a review of the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation - primary dental care is undertaken to ensure that the practice has portable suction and oropharyngeal airways in the different sizes specified.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Portable suction and oropharyngeal airways in specified sizes now in place.</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 16 July 2015</p>	<p>It is recommended that the medical emergency policy is further developed to include the following information:</p> <ul style="list-style-type: none"> • the practice arrangements in regards to the provision of medical emergency training; • the procedure to summons help in the event of a medical emergency; • the procedure for documenting medical emergencies; • the procedure to be followed to debrief staff following a medical emergency; and • a list of the emergency medicines and equipment retained in the practice.
	<p>Response by Registered Person(s) Detailing the Actions Taken: Medical Emergency Policy now enhanced to include the above recommended points.</p>

Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 16 August 2015	It is recommended that the recruitment policy is further developed to include the procedure to be followed in regards to undertaking enhanced AccessNI checks.		
	Response by Registered Person(s) Detailing the Actions Taken: Procedure for undertaking enhanced Access NI checks is being drawn up; to be included in the Recruitment Policy by August 16 th .		
Registered Manager Completing QIP	Arthur M. Kerr	Date Completed	20/07/2015
Registered Person Approving QIP	Arthur M Kerr	Date Approved	20/07/2015
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	30/07/2015

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