



The Regulation and  
Quality Improvement  
Authority

Kilrea Dental Surgery  
RQIA ID: 11552  
33 Maghera Street  
Kilrea  
BT51 5QL

Inspector: Carmel McKeegan  
Inspection ID: IN023584

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**Announced Care Inspection  
of  
Kilrea Dental Surgery**

**19 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 19 October 2015 from 10.30 to 12.00. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The arrangements for recruitment and selection were found to be generally safe, effective and compassionate. An area for improvement was identified and is 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 January 2015.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Mr Roger Moles, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Roger Moles	<b>Registered Manager:</b> Mr Roger Moles
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Roger Moles	<b>Date Manager Registered:</b> 27 February 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 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 Roger Moles, registered person and two dental nurses who also undertake receptionist duties.

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

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 14 January 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 14 January 2015

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>Floors in the dental surgery and the decontamination room should be sealed where they meet the skirting boards.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            The floors in the dental surgery and the decontamination room were observed to be sealed where they meet the skirting boards.</p>	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>A ventilation system in keeping with the specifications as outlined in the 2013 edition of HTM 01-05 should be installed in the decontamination room.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Discussion with Mr Moles and observation of the decontamination room evidenced that a ventilation system had been installed in accordance with HTM 01-05 specification.</p>	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>The details of the daily automatic control test for the steam steriliser should be recorded in the machine logbook.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Review of the steam steriliser log book confirmed that the daily automatic control test is undertaken and recorded.</p>	<b>Met</b>
<b>Recommendation 4</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>Records confirming the Hepatitis B immunisation status of all clinical staff should be retained in the practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Discussion with Mr Moles and review of documents verified that this information is retained in the practice.</p>	<b>Met</b>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The following issues in relation to environmental cleaning should be addressed:</p> <ul style="list-style-type: none"> <li>• An environmental cleaning policy should be established, this should include the roles and responsibilities of staff including the contracted cleaner, the arrangements for cleaning the environment, and guidance on the colour coding of cleaning equipment; and</li> <li>• Review the provision of cleaning equipment in accordance with the National Patient Safety Agency and ensure that sufficient equipment is available to clean the different designated areas within the practice.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with Mr Moles and review of documentation verified that the environmental cleaning policy had been further developed as recommended and additional colour coded cleaning equipment has been provided.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The legionella control measures should be further developed to reduce the risk of legionella to include monthly monitoring of hot and cold sentinel water temperatures. Records should be retained for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of monthly monitoring of hot and cold sentinel water temperatures were retained in the practice as recommended.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Ensure the DUWLs are purged using a disinfectant in accordance with the manufacturer's instructions or in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Moles confirmed that Bioclear is now used to purge the DUWLs.</p>	<p><b>Met</b></p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>A copy of the washer disinfectant and steam steriliser validation certificates should be submitted to RQIA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A copy of the washer disinfectant and steam steriliser validation certificates were submitted to RQIA as requested.</p>	<b>Met</b>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The Infection Prevention Society (IPS) audit tool should be completed every six months in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The Infection Prevention Society (IPS) audit tool had been completed. Mr Moles is aware that this audit should be completed six monthly.</p>	<b>Met</b>
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p>	<p>Arrangements should be in place for consultation with patients, on at least an annual basis.</p> <p>The results of the patient consultation should be collated in a summative report and made available to patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A copy of the patient satisfaction summative report for 2015 was provided to RQIA prior to the inspection. Mr Moles confirmed that a process of patient consultation will be undertaken annually.</p>	<b>Met</b>

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Moles 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 Moles 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 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, with the exception of an automated external defibrillator (AED).

Mr Moles confirmed by email on 21 October 2015 that there are three AEDs within Kilrea, two of which are kept in two separate business premises in close proximity to the dental practice. However, as formal arrangements for immediate access to an AED had not yet been established Mr Moles is aware that he should seek advice from his medico-legal advisor in relation to the provision of an AED in the practice. A recommendation has been made.

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 Mr Moles and 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 Mr Moles and 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 Mr Moles and 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 Mr Moles and 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

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

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### 5.4 Recruitment and selection

#### Is Care Safe?

Review of the recruitment policy and procedure identified that further development was needed. A revised recruitment policy and procedure was emailed to RQIA on 21 October 2015. Review of the revised recruitment and selection policy verified the policy to be comprehensive and reflective of best practice guidance.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Moles confirmed on discussion that in accordance with the updated recruitment policy and associated procedures, 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 Moles 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?

The dental service's recruitment and selection procedures 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 Moles and staff along with 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 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**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 Roger Moles, registered person and two dental nurses who also undertake receptionist duties. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

## **5.5.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

## **5.5.3 Patient consultation**

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

## **6. Quality Improvement Plan**

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Roger Moles, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 19 November 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>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>I wish to confirm that an AED has been ordered by the practice</p>

<b>Registered Manager Completing QIP</b>	Roger Moles	<b>Date Completed</b>	02.12.15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Carmel McKeegan	<b>Date Approved</b>	03.12.15

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**