



The Regulation and
Quality Improvement
Authority

J L McCaugherty
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Inspector: Carmel McKeegan
Inspection ID: IN024010

Tel: 028 9267 2399

**Announced Care Inspection
of
J L McCaugherty
23 February 2016**

REGULATION AND QUALITY

22 AUG 2016

IMPROVEMENT AUTHORITY

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 23 February 2016 from 10.30 to 13.00.

On the day of the inspection the management of medical emergencies was generally found to be safe effective and compassionate. The management of recruitment and selection was found to be 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 2 September 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	1

The details of the QIP within this report were discussed with Mr Leslie McCaugherty, 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 Leslie McCaugherty	Registered Manager: Mr Leslie McCaugherty
Person in Charge of the Practice at the Time of Inspection: Mr Leslie McCaugherty	Date Manager Registered: 21 November 2011
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 McCaugherty, registered person, the practice manager and the dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment and two 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 2 September 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 2 September 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2)(b) Stated: Second time	Establish a logbook for the washer disinfectant and ensure the logbook for the steam steriliser is fully completed. Logbooks should contain the following information; <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • quarterly test record sheets (if applicable); • annual service/validation certification; • fault history; • records to show staff have been trained in the correct use of the machine; and • relevant contacts e.g. service engineer 	Met
	Action taken as confirmed during the inspection: Discussion with Mr McCaugherty and review of records confirmed that log books were in place and the above information recorded as recommended.	

Requirement 2 Ref: Regulation 15(7) Stated: First time	<p>The following issues in relation to the prevention and management of blood borne virus exposure must be addressed:</p> <ul style="list-style-type: none"> • establish a policy and procedure for the prevention and management of blood borne virus exposure, this should include the management of spillages, sharps and inoculation incidents in accordance of national guidance; • provide a blood spillages kit; and • confirmation should be retained of the hepatitis B vaccination status of all clinical staff <p>Action taken as confirmed during the inspection: Review of relevant documentation and discussion with Mr McCaugherty confirmed that a policy and procedure for the prevention and management of blood borne virus exposure had been developed.</p> <p>A blood and bodily fluid spillage kit was provided in the practice.</p> <p>Records of the hepatitis B vaccination status of all clinical staff were available for inspection.</p>	<p>Met</p>
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	<p>Establish a policy and procedure for cleaning and maintaining the environment, this must include daily, weekly and monthly cleaning schedules, and specify the use of colour coded cleaning equipment.</p> <p>Action taken as confirmed during the inspection: A cleaning policy and procedure had been developed which detailed the daily, weekly and monthly cleaning schedules. Colour coded cleaning equipment was provided in the dental practice.</p>	<p>Met</p>

Recommendation 2 Ref: Standard 13 Stated: First time	<p>Overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with Mr McCaugherty and observation of hand washing sinks confirmed that due to a protrusion integral to the design of the basin in the middle of the overflow, it is not possible to successfully blank off the overflow with a stainless steel plate.</p> <p>It is accepted that efforts have been made to address this recommendation; however, due to the design of the basins this has not been possible. It was suggested that clinical hand washing basins in keeping with HTM 01-05 are provided in relevant surgeries on the next refurbishment.</p>	
Recommendation 3 Ref: Standard 13 Stated: First time	<p>In keeping with the legionella risk assessment hot and cold water temperatures must be routinely monitored and records retained.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with Mr McCaugherty confirmed that hot and cold water temperatures were routinely monitored and records were retained and available for inspection.</p>	
Recommendation 4 Ref: Standard 13 Stated: First time	<p>In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The HTM 01-05 IPS audit tool (2013 edition) was not available during the inspection. A completed IPS audit (2013 edition) was provided to RQIA on 4 March 2016 and Mr McCaugherty confirmed that the audit would be undertaken six monthly.</p>	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr McCaugherty 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 McCaugherty 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), however it was observed that Glucagon medication was not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this. Mr McCaugherty was advised that if Glucagon is stored out of a fridge a revised expiry date of 18 months from the date of receipt of the medication should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. On the day of the inspection a revised expiry date was marked on the Glucagon medication packaging and the expiry date checklist. It was also observed that the format of Buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr McCaugherty was advised that when the current form of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

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 McCaugherty should seek advice from his medico legal advisor and a recommendation was made in this regard.

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 McCaugherty 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?

Written protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, a policy for the management of medical emergencies had not been developed. Advice and guidance was provided to the dental practice on the information that should be provided within this policy. A revised policy for the management of medical emergencies reflective of best practice guidance was received in RQIA by electronic mail on 3 March 2016.

Discussion with Mr McCaugherty 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 McCaugherty 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 McCaugherty 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 the practice medico legal advisor regarding the provision of an AED.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and Selection

Is Care Safe?

Discussion with Mr McCaugherty and the practice manager confirmed that a recruitment and selection policy and procedure had not yet been developed. Advice and guidance was provided and Mr McCaugherty and the practice manager were directed to Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. RQIA received a copy of the revised recruitment policy by electronic mail on 3 March 2016, which was 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 McCaugherty and the practice manager 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
- 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.

Discussion with Mr McCaugherty and review of documentation confirmed the professional indemnity status of Mr McCaugherty; however Mr McCaugherty was not clear of the professional indemnity cover in place for the dental nurse. Mr McCaugherty and the practice manager stated this would be followed up as a matter of priority. On 3 March 2016, RQIA received confirmation by electronic mail that indemnity insurance was being processed for the dental nurse.

On the day of the inspection recruitment and selection procedures were found to be safe.

Is Care Effective?

As discussed previously, a revised recruitment and selection policy was developed to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. Discussion with Mr McCaugherty and the practice manager confirmed that they were now aware of the required records to be kept in respect of persons to be employed in the dental practice.

Discussion with the dental nurse confirmed that she had received induction training and a job description when she commenced work in the practice. Induction programme templates are in place relevant to specific roles within the practice.

Discussion with Mr McCaugherty and the practice manager confirmed that staff will be provided with a job description, contract of employment/agreement and receive induction training when they commence work in the practice.

Discussion with the dental nurse confirmed that she is aware of her roles and responsibilities within the dental practice.

Mr McCaugherty and the dental nurse 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 the 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 Mr McCaugherty and 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 Mr McCaugherty and 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.

Number of Requirements:	0	Number of Recommendations:	0
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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 McCaugherty, registered person, the practice manager and the dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. One was returned to RQIA within the timescale required.

Review of the submitted questionnaire 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 is detailed in the QIP. Details of this QIP were discussed with Mr McCaugherty, 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/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 RQIA's office 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 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			
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 23 March 2016	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. Response by Registered Person(s) Detailing the Actions Taken: <div style="font-family: cursive; font-size: 1.2em;"> NURSING HOME < 100 YARDS FROM PRACTICE WILL PROVIDE ADEQUATE COVER FOR THE PRACTICE </div>		
Registered Manager Completing QIP	J.L. McCAUGHER	Date Completed	19/8/16
Registered Person Approving QIP	J.L. McCAUGHER	Date Approved	19/8/16
RQIA Inspector Assessing Response	Chick Keegan	Date Approved	23.8.16.

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address

