



The Regulation and
Quality Improvement
Authority

Riada Dental Care
RQIA ID: 11558
22 Charles Street
Ballymoney
BT53 6DY

Inspector: Norma Munn
InspectionID:IN022887

Tel: 028 2766 2226

23 OCT 2015

**Announced Care Inspection
of
Riada Dental Care**

04 August 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 04 August 2015 from 10:00 to 13:30. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate. One issue in relation to the flooring in the identified surgery also needs to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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 17 December 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	2	7

The details of the QIP within this report were discussed with Mr Tony McWhirter, registered person and Mrs Linzi McWhirter, associate dentist, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Mr Tony McWhirter Mr Craig Lapsley	Registered Manager: Mr Tony McWhirter
Person in Charge of the Practice at the Time of Inspection: Mr Tony McWhirter Mr Craig Lapsley	Date Manager Registered: 18 October 2011

Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3
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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 Tony McWhirter, registered person, Mr Craig Lapsley, registered person, Mrs Linzi McWhirter, associate dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, one contract 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 17 December 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 17 December 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly.	Met
	Action taken as confirmed during the inspection: Discussion with Mrs McWhirter confirmed that all sharps boxes had been dated and signed on assembly.	

	The sharps box in one surgery examined had been signed and dated on assembly.	
Recommendation 2 Ref: Standard 13 Stated: First time	The policy and procedure for cleaning and maintaining the environment should be further developed to include the arrangements for the general cleaning of the environment, including the details of the colour coding of equipment.	Met
	Action taken as confirmed during the inspection: Discussion with Mrs McWhirter confirmed that the policy for cleaning and maintaining the environment had been developed to include the arrangements for general cleaning. A review of the policy evidenced details of colour coding of equipment.	
Recommendation 3 Ref: Standard 13 Stated: First time	A refurbishment plan should be developed to replace flooring in the two identified surgeries with impervious flooring which is sealed at the edges. Ref 10.2	Met
	Action taken as confirmed during the inspection: Observation of the flooring in Mr McWhirter's surgery evidenced that the flooring had been replaced with impervious flooring sealed at the edges. However, discussion with Mr Lapsley confirmed that the flooring in his surgery had not yet been replaced. During the previous inspection the laminate flooring was observed to have a torn area. On the day of this inspection Mr Lapsley requested further information from RQIA in relation to the type of flooring recommended. It was explained to Mr Lapsley that the flooring needed to be impervious and sealed at the edges to ensure adequate prevention and control of infection in keeping with HTM 01-05. Mr Lapsley agreed to replace the flooring in his surgery in the future. A separate recommendation has been made in relation to replacing the flooring in Mr Lapsley's surgery.	

Recommendation 4 Ref: Standard 13 Stated: First time	The plants in the identified surgery should be removed.	Met
	Action taken as confirmed during the inspection: Discussion with Mr and Mrs McWhirter confirmed that the plants had been removed. Plants were not observed to be in the identified surgery.	

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 was stored in a fridge. Discussion with Mrs McWhirter indicated that the Glucagon is not normally stored in the fridge and fridge temperatures are not monitored. Mrs McWhirter was advised that if stored in a fridge, a record should be retained of daily fridge temperatures when the practice is open to demonstrate that the medicine has been stored between 2 and 8 degrees Celsius as recommended by the manufacturer. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mrs McWhirter was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

A 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. It was observed that oropharyngeal airways were available as recommended by the Resuscitation Council (UK). However, the airways available had exceeded their expiry dates. This was discussed with Mrs McWhirter who readily agreed to replace the airways.

Mrs McWhirter confirmed that an Automated External Defibrillator (AED) was not available as recommended by the Resuscitation Council (UK). Mrs McWhirter confirmed that there are no formal arrangements to access an AED within close proximity to the practice. This was discussed with Mr and Mrs McWhirter.

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 improvements is needed to ensure the arrangements for managing a medical emergency are safe.

Is Care Effective?

An overarching policy for the management of medical emergencies reflecting best practice guidance has not been established. Protocols were 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, however, a policy should be developed to reflect current best practice guidance.

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 medication should be stored in accordance with the manufacturer's guidance.

The expired oropharyngeal airways should be replaced and more robust arrangements should be implemented to ensure emergency equipment does not exceed their expiry date.

Advice and guidance should be sought in regards to the provision of an AED.

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

Number of Requirements:	0	Number of Recommendations:	4
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available in the practice. However, the policy lacked detail and needs to be developed to reflect best practice guidance.

One personnel file of the only member of staff recruited since registration with RQIA was examined. The following was noted:

- details of full employment history;
- documentary evidence of qualifications, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The personnel file reviewed did not contain positive proof of identity. The file contained one written reference only and did not contain any evidence of a second reference being sought. This was discussed with Mr and Mrs McWhirter who readily agreed that positive proof of identification and two written references would be obtained in the future. Mrs McWhirter confirmed that the employee was registered with the GDC; however, the most recent GDC registration certificate on file was dated 01 October 2012.

The arrangements for enhanced AccessNI checks were reviewed. In the file reviewed it was identified that an enhanced AccessNI check was received after the staff member commenced work. It was also observed that the original disclosure certificate was still retained on file. The storage of disclosure information is not in keeping with the AccessNI code of practice. This was discussed with Mr and Mrs McWhirter who readily agreed to put a system in place to ensure that AccessNI checks are in place prior to new staff commencing work.

A staff register was developed during the inspection 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. Mrs McWhirter is aware that this is a live document that should be kept up to date.

Mr and Mrs McWhirter 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 some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed above further development is needed in relation to enhanced AccessNI procedures, obtaining positive proof of identification, evidence of current GDC registration and written references to ensure that recruitment and selection procedures comply with all relevant legislation.

The personnel file reviewed included a contract of employment/agreement and job description. However, the contract of employment did not include the address of the employer or the date of commencement of employment. The contract reviewed evidenced the use of correction fluid where details of the name and address of the employee, the rate of pay and the employee's signature and date were recorded. This was discussed with Mr and Mrs McWhirter.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr and Mrs McWhirter 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 some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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.

As previously stated, review of one staff personnel file demonstrated that an enhanced AccessNI check was not received prior to the staff member commencing work. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr and Mrs McWhirter.

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 it was identified that recruitment and selection procedures are compassionate.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. Enhanced AccessNI certificates must be handled in keeping with the AccessNI code of practice.

The recruitment policy and procedure needs to be developed to reflect best practice guidance.

Staff personnel files for newly recruited staff should include positive proof of identity, including a recent photograph, two written references and evidence of a current GDC registration as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.

Number of Requirements:	2	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 Tony McWhirter, registered person, Mr Craig Lapsley, registered person, Mrs Linzi McWhirter, associate dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two questionnaires 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 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 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 Tony McWhirter, registered person and Mrs Linzi McWhirter, associate dentist, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons/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 persons 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 persons may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered persons/registered manager and detail the actions taken to meet the legislative requirements stated. The registered persons 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.



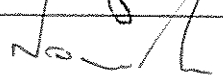
It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 04 August 2015	<p>The registered persons must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> Enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and Enhanced AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice. <p>Response by Registered Person(s) Detailing the Actions Taken: This has all been noted in our recruitment policy. All Access NI certificates have been handled correctly.</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 04 August 2015	<p>The registered persons must ensure that in addition to the information already retained the following information should be retained in the personnel files of any newly recruited staff, including self-employed staff:</p> <ul style="list-style-type: none"> positive proof of identity, including a recent photograph; evidence that an enhanced AccessNI check was received prior to commencement of employment; two written references; and evidence of current GDC registration, where applicable. <p>Response by Registered Person(s) Detailing the Actions Taken: This has all been included in our recruitment policy and will be implemented in the future.</p>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: First time To be Completed by: 04 November 2015	<p>It is recommended that the flooring in the identified surgery is replaced. The new flooring should be in keeping with flooring specifications as outlined in HTM 01-05.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Mr Lapsley will review this.</p>
Recommendation 2 Ref: Standard 12.1	<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>

<p>Stated: First time</p> <p>To be Completed by: 04 November 2015</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: A new policy has been produced covering all these topics.</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 04 August 2015</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. 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 the expiry date checklist to show that the cold chain has been broken. If stored in the 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 has been replaced and is stored correctly.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 04 August 2015</p>	<p>It is recommended that the expired airways are replaced and more robust arrangements implemented to ensure emergency equipment does not exceed their expiry date.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All new airways are in place and a better checking system is in place.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 04 August 2015</p>	<p>It is recommended that advice and guidance is sought from the 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>Response by Registered Person(s) Detailing the Actions Taken: We are currently looking into this.</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by:</p>	<p>It is recommended that the recruitment policy and procedure is developed to include the following information:</p> <ul style="list-style-type: none"> • employment checks including two written references; • arrangements for obtaining an enhanced AccessNI check; and • evidence of GDC registration if applicable.

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04 November 2015	Response by Registered Person(s) Detailing the Actions Taken: Our recruitment policy covers all of this.
Recommendation 7 Ref: Standard 11.1 Stated: First time To be Completed by: 04 August 2015	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Response by Registered Person(s) Detailing the Actions Taken: All new staff have more detailed contracts.

Registered Manager Completing QIP		Date Completed	22/9/15
Registered Person Approving QIP		Date Approved	22/9/15
RQIA Inspector Assessing Response		Date Approved	30/10/15

**Please ensure the QIP is completed in full and returned to the RQIA office*