



Quinndental
RQIA ID:11563
53 Main Street
Randalstown
BT41 3BB

Inspector: Stephen O'Connor

Tel: 028 9447 2311

Inspection ID: IN021256

**Announced Care Inspection
of
Quinndental**

20 May 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 20 May 2015 from 10:00 to 12:00. 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. Some outstanding issues from the previous inspection also need to be addressed. 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) Regulation 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 26 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	1	6

The details of the QIP within this report were discussed with the Mr Liam Quinn, 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 Liam Quinn	Registered Manager: Mr Liam Quinn
Person in Charge of the Practice at the Time of Inspection: Mr Liam Quinn	Date Manager Registered: 11 April 2012

Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2
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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 Liam Quinn, registered person, and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and three patient medical histories.

5. The Inspection

5.1. Review of Requirements and Recommendations from the Previous Inspection

If last inspection was a care inspection with QIP

The previous inspection of the practice was an announced care inspection dated 26 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 26 August 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1	The decontamination room should be refurbished.	Met
Ref: Regulation 25 (2) (b)	The layout of the room should be in keeping with HTM 01-05.	
Stated: Second time	Mr Quinn should keep RQIA apprised regarding the refurbishment of the decontamination room.	

	<p>Action taken as confirmed during the inspection:</p> <p>It was observed that the decontamination room has been fully refurbished in keeping with HTM 01-05. Mr Quinn confirmed that the room has been fully operational since November 2014.</p>	
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Boxes, and used clinical waste bags should not be stored on the floor of the decontamination room.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that no items were stored on the floor in the decontamination room. Adequate storage has been provided in the newly refurbished decontamination room.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The procedure for the management of blood/bodily spillages should be further developed to reflect the current arrangements in the practice including the relevant dilution rate for the product used. Staff should be made aware of these arrangements.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of the management of spillages of blood and bodily fluids policy demonstrated that it has been further developed to include the relevant dilution strength of the product used. A dental nurse/receptionist confirmed that the updated policy was shared with staff.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Purple lidded sharps boxes for the disposal of pharmaceutical sharps waste should be provided.</p> <p>Action taken as confirmed during the inspection:</p> <p>Mr Quinn confirmed that a purple lidded sharps box for the disposal of pharmaceutical waste is available in surgery one. This sharps box is wall mounted. A purple lidded sharps box has not been provided in surgery two as this surgery is used by the hygienist.</p>	Met

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Floor coverings in surgeries should be sealed at the edges and where cabinetry meets the flooring in surgeries and the decontamination room.</p> <p>The new flooring in the decontamination room should be coved at the edges on refurbishment.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that the flooring in surgery two has not been sealed where it meets the skirting boards or kicker boards of cabinetry. This was discussed with Mr Quinn who confirmed that he had discussed this with an external contractor and he believed the floors had been sealed.</p> <p>It was observed that the new flooring in the decontamination room is in keeping with HTM 01-05.</p> <p>This recommendation has been partially addressed; the unaddressed component has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Fans should be retained dust free. This should be included in the cleaning schedule.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The decontamination room has two ceiling mounted fans, the staff kitchen has a wall mounted fan, and a free standing fan was observed in the office. It was observed that these fans were maintained clean and were free from dust and debris. A dental nurse/receptionist confirmed that the cleaning of these fans is included in the practice cleaning schedule.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 13</p>	<p>The floors of surgeries and the decontamination room should be cleaned daily.</p>	

Stated: First time	Action taken as confirmed during the inspection: Review of the cleaning schedule indicated that the frequency of cleaning floors in clinical areas is daily. A dental nurse/receptionist confirmed that all floors in clinical areas are cleaned daily.	Met
Recommendation 7 Ref: Standard 13 Stated: First time	The overflow of the hand washing basin in the first floor surgery should be blanked off with a stainless steel plate sealed with antibacterial mastic. Action taken as confirmed during the inspection: It was observed that the overflow of the stainless steel hand washing basin in the first floor surgery has been blanked off with a stainless steel plate.	Met

Recommendation 8 Ref: Standard 13 Stated: First time	The legionella risk assessment is further developed to include the specific arrangements for the management of DUWLs. This should also be included in the practice's infection control policy. Action taken as confirmed during the inspection: Review of the legionella risk assessment and infection control policy demonstrated that they have been further developed to include the specific arrangements for the management of DUWLs.	Met
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5.3. Medical and Other Emergencies

Is Care Safe?

Review of documentation and discussion with Mr Quinn demonstrated that the last time practice staff completed medical emergency training was during March 2014. Mr Quinn confirmed that the practice liaised with their medical emergency training provider during January 2015 to schedule refresher training during March 2015; however the 24 June 2015 was the first date the training provider could offer. Refresher training on the management of medical emergencies has been scheduled for the 24 June 2015.

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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines with the exception of an automated external defibrillator (AED) and clear face masks in a variety of sizes is provided. A system is in place to monitor the expiry dates of emergency medicines and equipment. However, a review of emergency medicines evidenced that a pre-filled dose of adrenalin suitable for administration to children had recently expired. It was noted that adrenalin ampoules which were in date were available; these ampoules could be used to administer adrenalin to a child if required. The dental nurse confirmed that two doses of pre-filled adrenalin have been ordered. A dental nurse confirmed that Glucagon medication is stored in a refrigerator; however the daily refrigerator temperature is not monitored and recorded to demonstrate that the medication has been stored between the recommended 2 and 8 °c. It was also observed that the current format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Quinn was advised that when the current format of Midazolam expires it should be replaced with Buccolam Pre-filled syringes as recommended by the HSCB. 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.

Overall 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?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall 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 guidance.

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

Clear face masks in a variety of sizes should be provided in keeping with the Resuscitation Council (UK) 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 relation to undertaking enhanced AccessNI disclosure checks.

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received after the identified staff member commenced work in the practice;
- no two written references were available;
- no application form or CV was retained detailing full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications;
- evidence of current GDC registration;
- no 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.

It was noted that the original AccessNI disclosure certificate was retained in the practice; this was discussed with Mr Quinn as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Mr Quinn confirmed that he obtained verbal references in relation to the identified staff member; however no record was retained to confirm the details of this. Mr Quinn was advised how to evidence that a written reference was sought, and how to record a verbal reference to evidence the source of the reference.

A staff register was not 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 Quinn 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.

Overall 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 previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation.

One personnel file was reviewed. It was noted that the file included a contract of employment/ agreement and job description.

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

Discussion with Mr Quinn 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.

Overall 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 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 discussed previously an original AccessNI disclosure certificate was retained; disclosure certificates should be disposed of in accordance with the AccessNI code of 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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures were are compassionate.

Areas for Improvement

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

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.

A staff register should be developed and retained.

Number of Requirements:	1	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 Quinn, registered person, and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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 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 not submitted to RQIA prior to the inspection. However, the report detailing the findings of the December 2014 patient satisfaction surveys was reviewed during the inspection.

Mr Quinn confirmed during discussion that 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 Mt Liam Quinn, 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. 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 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 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	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 20 June 2015 and ongoing from date of inspection</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p> <p>The practice recruitment policy must be further developed to include the procedure for undertaking enhanced AccessNI checks.</p> <p>AccessNI disclosure certificates must be handled in keeping with AccessNI's code of practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: THIS WILL BE DONE</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be Completed by: 20 July 2015</p>	<p>Floor coverings in surgeries should be sealed at the edges and where cabinetry meets the flooring in surgeries and the decontamination room.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: FLOORING CONTRACTOR HAS ATTENDED AND COMPLETED</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 May 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 should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being 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 DATE HAS BEEN CHANGED</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that advice and guidance is 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>

To be Completed by: 20 July 2015	Response by Registered Person(s) Detailing the Actions Taken: GUIDANCE HAS BEEN SOUGHT
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Recommendation 4 Ref: Standard 12.4 Stated: First time To be Completed by: 20 June 2015	<p>It is recommended that clear face masks in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.</p> <hr/> Response by Registered Person(s) Detailing the Actions Taken: ORDERED
Recommendation 5 Ref: Standard 11.1 Stated: Second time To be Completed by: 20 July 2015 and ongoing from date of inspection	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited 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 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 of physical and mental health; and • evidence of professional indemnity insurance, where applicable. <hr/> Response by Registered Person(s) Detailing the Actions Taken: THIS WILL BE DONE FOR ALL FUTURE EMPLOYEES
Recommendation 6 Ref: Standard 11.1 Stated: Second time To be Completed by: 20 July 2015	<p>It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.</p> <hr/> Response by Registered Person(s) Detailing the Actions Taken: DONE

Registered Manager Completing QIP	LIAM QUINN	Date Completed	9/6/15
Registered Person Approving QIP	LIAM QUINN	Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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



The **Regulation** and
Quality Improvement
Authority

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	09/06/2015
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