Unannounced Follow-Up Care Inspection Report 7 February 2017

Lisburn Road Dental & Implant Clinic

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 424 Lisburn Road, Belfast, BT9 6GN
Tel no: 028 9038 2262
Inspector: Carmel McKeegan

1.0 Summary

An unannounced follow-up inspection of Lisburn Road Dental & Implant Clinic took place on 7 February 2017 from 14.00 to 15.30.

The focus of the follow-up inspection was to ascertain the progress made to address the four requirements and fifteen recommendations made as a result of the announced care inspection carried out on 7 and 9 June 2016. The inspection was facilitated by a senior dental nurse who was familiar with the dental practice. The registered person, Mr Greg Finnegan was also present during the inspection.

Observations made, review of documentation and discussion with Mr Finnegan and staff evidenced that sufficient progress has been made to address the requirements and recommendations. All four requirements and fifteen recommendations have been met.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Greg Finnegan, registered person and a senior nurse, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on the 7 and 9 June 2016.

2.0 Service details

Registered organisation/registered person: Mr Greg Finnegan	**Registered manager:** Mr Greg Finnegan
Person in charge of the practice at the time of inspection: Mr Greg Finnegan	**Date manager registered:** 22 October 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

3.0 Methods/processes

Prior to inspection we analysed the QIP submitted by Mr Finnegan in respect of the inspection carried out on 7 and 9 June 2016.

During the inspection the inspector met with Mr Greg Finnegan, registered person, and three dental nurses.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- infection prevention and control
- radiography
- clinical record recording arrangements
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 and 9 June 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 9 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 38(a) **Stated:** First time	The registered person must ensure that all members of the dental team providing treatment under Conscious Sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).	**Met**
	Action taken as confirmed during the inspection: Review of relevant records confirmed that one dental nurse has commenced training to attain accredited qualification in conscious sedation. Mr Finnegan confirmed that upon completion another nurse will commence this training to ensure there is always an appropriately trained nurse in the practice.	
Requirement 2 **Ref:** Regulation 19 (1) (b) **Stated:** First time	The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include: • the name of the appointed RPA • a copy of the relevant local rules signed by all appropriate staff to confirm they have read and understood them • a copy of the employer's procedures for the practice to include all aspects as required under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 as amended • a record of staff entitlements • audits of x-ray quality grading (to be completed every six months) • audits of justification and clinical evaluation recording (to be completed annually) • a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed • records pertaining to the servicing and maintenance of radiology equipment • records of radiology training • the radiology file should only include current information; information which is no longer applicable should be removed and files appropriately	**Met**

	Action taken as confirmed during the inspection: Review of relevant radiology records confirmed that significant improvement has been achieved. At the time of this inspection the radiation protection file was with the RPA for review, however there was sufficient documentation available from the RPA to confirm that this requirement has been met.	
Requirement 3 **Ref:** Regulation 19 (1) (b) **Stated:** First time	The registered person must ensure the RPA completes a critical examination check of each x-ray unit provided in the practice every three years. Any recommendations therein must be addressed and a record retained in this regard.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that a critical examination had been completed for each x-ray unit in the practice.	
Requirement 4 **Ref:** Regulation 17(1) **Stated:** First time	The registered person must review the current governance and oversight arrangements and ensure future arrangements address the issues identified during this inspection and ensure that improvements are made and sustained.	
	Action taken as confirmed during the inspection: Discussion with Mr Finnegan and the senior nurse indicated that the senior nurse has been provided with protected time to undertake day to day practice management responsibilities. There was significant improvement observed in the quality of record keeping and general organisation within the practice.	**Met**
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 11.1 **Stated:** Second time	It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	
	Action taken as confirmed during the inspection: The senior nurse confirmed that one new staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The staff recruitment file was well constructed and organised.	**Met**

Recommendation 2 **Ref**: Standard 11.1 **Stated:** Second time	It is recommended that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	**Met**
	Action taken as confirmed during the inspection: Review of afore mentioned staff personnel file confirmed that the AccessNI disclosure certificate was handled in keeping with the AccessNI code of practice.	
Recommendation 3 **Ref**: Standard 11.3 **Stated:** First time	All new staff including self-employed staff should complete a recorded structured programme of induction relevant to their duties and responsibilities. The record of induction should facilitate the inductor and inductee to sign and date each induction topic.	**Met**
	Action taken as confirmed during the inspection: Review of relevant records confirmed that structured induction programmes have been developed relevant to specific roles and responsibilities within the practice. A record of induction had been completed for the new staff member.	
Recommendation 4 **Ref**: Standard 13 **Stated:** First time	Fabric covered chairs in dental surgeries one and two should be reupholstered with an impervious cleanable covering or replaced with seating in keeping with Health Technical Memorandum (HTM) 01-05 guidance.	**Met**
	Action taken as confirmed during the inspection: Observation of the identified surgeries and discussion with Mr Finnegan confirmed that new seating compliant with HTM 01-05 had been provided.	
Recommendation 5 **Ref**: Standard 13 **Stated:** First time	Should dental surgery three become operational, the dental chair should be reupholstered to provide an intact surface to facilitate effective cleaning.	**Met**
	Action taken as confirmed during the inspection: Mr Finnegan confirmed that dental surgery three will not become operational and may be converted into a patient consultation area.	

Recommendation 6 **Ref**: Standard 13.2 **Stated:** First time	Periodic testing as outlined in HTM 01-05 for all equipment used in the decontamination process, must be undertaken. Templates used for recording periodic tests should be further developed in keeping with HTM 01-05, or consideration should be given to the implementation of a pre-printed logbook for each machine.	**Met**
	Action taken as confirmed during the inspection: An individual pre-printed logbook was in place for each piece of equipment used in the decontamination process. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.	
Recommendation 7 **Ref**: Standard 13.2 **Stated:** First time	A daily automatic control test should be undertaken and recorded in the logbook for the steriliser. The automatic print out function of the steriliser should be repaired and print out records retained.	**Met**
	Action taken as confirmed during the inspection: Review of the logbook for the steriliser confirmed that the print out function had been repaired and the logbook was completed in accordance with best practice as outlined in HTM 01-05.	
Recommendation 8 **Ref**: Standard 13 **Stated:** First time	The cycle parameter information on the data loggers of decontamination equipment should be uploaded to the practice computer and reviewed on a monthly basis or more frequently as required.	**Met**
	Action taken as confirmed during the inspection: The senior nurse demonstrated how the data loggers were uploaded to the practice computer on the first of each month, records were available for inspection in this regard.	
Recommendation 9 **Ref**: Standard 8.3 **Stated:** First time	Arrangements should be established to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.	**Met**
	Action taken as confirmed during the inspection: Mr Finnegan confirmed that servicing arrangement have been established and all x-ray equipment has been serviced with records retained for inspection.	

Recommendation 10 **Ref**: Standard 8.3 **Stated:** First time	X-ray quality grading audits should be undertaken and recorded in a six monthly basis. Justification and clinical evaluation recording audits should be undertaken annually and recorded.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that an X-ray quality grading audit has been completed for all dentists. Mr Finnegan confirmed this will continue six monthly and also confirmed that justification and evaluation recording for x-rays was constantly monitored and an annual audit will be completed and available for inspection.	
Recommendation 11 **Ref**: Standard 13.2 **Stated:** First time	Colour coded cleaning equipment should be provided and used in keeping with The National Patient Safety Agency cleanliness guidelines.	**Met**
	Action taken as confirmed during the inspection: Colour coded cleaning equipment in keeping with The National Patient Safety Agency cleanliness guidelines was observed to be in place in the practice. A cleaning schedule was also provided to ensure the cleaning equipment was used appropriately.	
Recommendation 12 **Ref**: Standard 13.2 **Stated:** First time	An up to date fire risk assessment should be undertaken by a competent person and reviewed annually.	**Met**
	Action taken as confirmed during the inspection: A Fire risk assessment had been completed and the senior nurse confirmed this assessment will be reviewed annually.	
Recommendation 13 **Ref**: Standard 13.2 **Stated:** First time	A legionella risk assessment should be undertaken and any recommendations made therein addressed.	**Met**
	Action taken as confirmed during the inspection: A legionella risk assessment had been completed and recommendations made therein had been addressed. The senior nurse confirmed this assessment will be reviewed bi-annually.	

Recommendation 14 **Ref**: Standard 8.1 **Stated:** First time	A programme of audit should be established to monitor and review the effectiveness and quality of care delivered to patients. It is suggested that the following is included in the first instance: • x-ray quality grading • x-ray justification and clinical evaluation recording • IPS HTM 01-05 compliance • clinical waste management • clinical records • review of complaints/accidents/incidents, if applicable An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Finnegan and the senior nurse identified that significant improvement has been made, arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients. The senior nurse has implemented a system to ensure audits and reviews continue at appropriate intervals and records are retained for inspection.	
Recommendation 15 **Ref**: Standard 11.6 **Stated:** First time	Regular staff meeting should be established and minutes of staff meetings should be retained and shared with any staff who were unable to attend the meeting.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Finnegan and staff confirmed that staff meetings take place monthly. The minutes of previous monthly meetings were available for inspection. Staff spoken with stated they found the planned monthly meetings to be of great value to everyone.	

Recommendation 16 **Ref**: Standard 8 **Stated:** First time	Establish a process of systematic review of practice policies and procedures, on at least a three yearly basis or more frequently as required. The date of implementation and the planned date of review should be recorded on all policies and procedures.	**Met**
	Action taken as confirmed during the inspection: Significant improvement was noted in this area. Policies and procedures were available for staff reference in structured, user-friendly files. Policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.	

4.3 Inspection findings

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.

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