



The Regulation and
Quality Improvement
Authority

M A Irwin Dental Surgery
RQIA ID: 11574
5 Hightown Road
Glengormley
BT36 7TZ

Inspector: Norma Munn
Inspection ID: IN023400

Tel: 028 9083 3650

**Announced Care Inspection
of
M A Irwin Dental Surgery**

15 December 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 15 December 2015 from 09:50 to 12:15. On the day of the inspection it was found that improvements in the management of medical emergencies and recruitment and selection are necessary in order for care to be 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) 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 6 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	9

The details of the QIP within this report were discussed with Mr Irwin, 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 Michael Irwin	Registered Manager: Mr Michael Irwin
Person in Charge of the Practice at the Time of Inspection: Mr Michael Irwin	Date Manager Registered: 2 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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
- 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 Irwin, registered person, one associate dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions and the process for obtaining 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 6 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 6 January 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 9 A (1) (f)</p> <p>Stated: First time</p>	<p>The practice must prepare policies in a recognised format, typewritten and retained in an indexed file. The date of implementation and review should be recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Mr Irwin confirmed that an indexed file for policies had not been developed. The following policies were reviewed:</p> <ul style="list-style-type: none"> • Infection, prevention and control • Safeguarding vulnerable adults and children • Management of medical emergencies <p>It was noted that these policies were handwritten, illegible in places, had not been dated when implemented and a review date had not been recorded. A review of the policies also identified that they needed to be further developed.</p> <p>This requirement has not been met and has been stated for a second time.</p> <p>An additional requirement in relation to the review and submission of policies to RQIA has also been made. Further information in relation to the issues identified with policies and procedural guidance can be found in section 5.5.4.</p>	Not Met
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <hr/> <p>Action taken as confirmed during the inspection: Three sharps boxes observed had not been signed or dated on assembly.</p> <p>This recommendation has not been met and has been stated for a second time.</p>	Not Met

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The floor covering provided in the surgeries should be impervious, sealed or coved at the edges and sealed where the cabinetry meets the flooring.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation and discussion with Mr Irwin evidenced that the flooring in one surgery has been sealed where it meets the cabinetry. However, Mr Irwin and the associate dentist confirmed that the flooring in the second surgery had not been replaced. The flooring was not impervious and had not been sealed at the edges or where the cabinetry meets the flooring.</p> <p>This recommendation has been partially met and has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows in the hand-washing basins in the surgeries should be sealed using a stainless steel plate and anti-bacterial mastic and the plugs should be removed.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation and discussion with Mr Irwin confirmed that the overflow in the hand washing basin in one surgery had been blanked off and a plug was not in use. However, the overflow in the hand washing basin in the second surgery had not been blanked off and a plug was in use.</p> <p>This recommendation has been partially met and has been stated for a second time.</p>	<p>Partially Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Irwin 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 Irwin and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

On the day of the inspection the emergency medicines were stored in a locked cupboard in a toilet on the ground floor. This was discussed with Mr Irwin who readily agreed to relocate the emergency medicines to a suitable, secure storage area. The emergency medicines were moved to one of the surgeries prior to the conclusion of the inspection.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). However, the Glucagon medication was stored in the fridge and the fridge temperature reading was observed to be between zero and one degree Celsius. There was no evidence that fridge temperature readings were being recorded on a daily basis. Mr Irwin was advised that if Glucagon is stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. If Glucagon is 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. Mr Irwin agreed to review the storage of the Glucagon. A recommendation has been made.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children and an oxygen mask. Oropharyngeal airways were in place however these items had expired. Mr Irwin agreed to order the self-inflating bag, oxygen mask and the replacement oropharyngeal airways. A recommendation has been made.

An automated external defibrillator (AED) was not available in the practice. The practice does have access to an AED in close proximity. Mr Irwin confirmed that the AED could be accessed in a timely manner and the practice will be incorporating the use of this AED within their emergency procedures.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. However, a system had not been developed to ensure that emergency equipment is also checked. A recommendation has been made.

There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Irwin 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 it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are safe.

Is Care Effective?

The policy for the management of medical emergencies was reviewed. A review of the policy confirmed that it needs to be further developed. This is discussed in detail in section 5.5.4.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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

On the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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.

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.

A self-inflating bag with reservoir suitable for use with children, an oxygen mask and oropharyngeal airways in various sizes should be provided.

A system is to be developed to ensure that emergency equipment is checked and does not exceed the expiry date.

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 observed to be a draft document that needs further development to reflect best practice guidance. This is discussed in detail in section 5.5.4.

Two personnel files of staff recruited since registration with RQIA were examined.

The following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- evidence of professional indemnity insurance, where applicable

The files reviewed did not contain two written references, a criminal conviction declaration made by the applicant, an employment history or confirmation that the person is physically and mentally fit to fulfil their duties. Mr Irwin was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation has been made.

The arrangements for enhanced AccessNI checks were reviewed. Two staff personnel files reviewed contained copies of the original enhanced AccessNI disclosures. This is not in keeping with AccessNI Code of Practice. Mr Irwin was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice. A record was retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review. Confirmation was received on 4 January 2016 from Mr Irwin that AccessNI checks had been destroyed in keeping with the AccessNI code of practice.

A staff register was developed on the day of 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.

Mr Irwin 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, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that the files did not include a contract of employment/agreement. Mr Irwin confirmed that none of the staff working in the practice have contracts of employment/agreements in place. A recommendation has been made.

Discussion with Mr Irwin confirmed that staff have been provided with a job description and have received induction training when they commenced work in the practice. Induction programme templates are in place relevant to specific roles within the practice. However, job descriptions and completed induction programmes for staff had not been retained. A recommendation has been made.

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 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.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

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

Areas for Improvement

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in 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. Records of contracts should be retained in the personnel files of any new staff recruited.

A record of inductions and job descriptions should be retained for each staff member.

Number of Requirements:	0	Number of Recommendations:	3
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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 Irwin, registered person, one associate dentist 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 one member of staff had not been provided with a job description and four members of staff did not have a contract of employment/agreement on commencing work in the practice. Staff confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. However, completed induction programmes were not available to review. This was discussed with Mr Irwin. 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 patient satisfaction questionnaire template was submitted to RQIA prior to the inspection.

The most recent patient satisfaction report was not available for review. Discussion with Mr Irwin demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided on a daily basis.

5.5.4 Policies and Procedures

Issues in relation to policies and procedures had been identified during the previous inspection on 6 January 2015 and a requirement had been made.

During this inspection the following policies were reviewed:

- Infection, prevention and control
- Safeguarding vulnerable adults and children
- Management of medical emergencies
- Recruitment

Mr Irwin confirmed that an indexed file for policies had not been developed. It was noted that three of the policies reviewed were handwritten, illegible in places, had not been dated when implemented and a review date had not been recorded. The policy on recruitment had been typed however, was presented as a draft document. The lack of progress made since the previous inspection in relation to the issues identified with policies and procedures was discussed with Mr Irwin. Mr Irwin acknowledged the lack of progress made and confirmed that he will be seeking advice from the British Dental Association (BDA) in relation to the development of various policies and procedures. As discussed in section 5.2 this requirement has been stated for a second time.

A review of the policies also identified that they needed to be further developed in line with current legislation and best practice guidance. The policy for the management of medical emergencies did not include the provision of emergency medicines and equipment, the checking procedures, the arrangements to access the automated external defibrillator (AED) or staff debriefing. The policy for recruitment was observed to be a draft document and did not include the issuing of contracts/agreements or obtaining criminal convictions declaration from the applicant.

An additional separate requirement has been made requesting that Mr Irwin submits the following policies to RQIA by 15 February 2016:

- Infection, prevention and control
- Safeguarding vulnerable adults and children
- Management of medical emergencies
- Radiology
- Records management
- Recruitment

The policies must be in a recognised format, typewritten, the date of implementation and review should be recorded and the policies must be in line with current legislation and best practice guidance.

Areas for Improvement

The identified policies and procedures must be submitted to RQIA by 15 February 2016 in line with current legislation and best practice guidance.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

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

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person 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	
Requirement 1 Ref: Regulation 9 A (1) (f) Stated: Second time To be Completed by: 15 February 2016	<p>The practice must prepare policies in a recognised format, typewritten and retained in an indexed file. The date of implementation and review should be recorded.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The policies are currently being prepared in the recognised format (Microsoft Word), to include implementation and review dates, and will be filed as required in an indexed file.</p>
Requirement 2 Ref: Regulation 9 A (1) (f) Stated: First time To be Completed by: 15 February 2016	<p>The registered person must submit the following policies to RQIA by 15 February 2016:</p> <ul style="list-style-type: none"> • Infection, prevention and control • Safeguarding vulnerable adults and children • Management of medical emergencies • Radiology • Record management • Recruitment <p>The policies must be in line with current legislation and best practice guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The policies are being finalised as above and will be forwarded to RQIA as requested by 15 February 2016</p>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 15 December 2015	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Sharps boxes are now being signed and dated on assembly and final closure.</p>
Recommendation 2 Ref: Standard 13 Stated: Second time To be Completed by: 15 March 2016	<p>The floor covering provided in the surgeries should be impervious, sealed or coved at the edges and sealed where the cabinetry meets the flooring.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Flooring contractors have been instructed and the work will be completed by end February 2016.</p>

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be Completed by: 15 March 2016</p>	<p>The overflows in the hand-washing basins in the surgeries should be sealed using a stainless steel plate and anti-bacterial mastic and the plugs should be removed.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 15 December 2015</p>	<p>It is recommended that the Glucagon medication is stored in keeping with the manufacturer's guidance. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. 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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Overflows have now been sealed and the plugs have been removed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Glucagon is now being stored at room temperature and the expiry date has been shortened by 18 months in accordance with guidelines. Glucagon is one of the drugs monitored within the Audit Register (recommendation 6).</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 15 January 2016</p>	<p>It is recommended that a self-inflating bag with reservoir suitable for use with children, an oxygen mask and oropharyngeal airways in various sizes are provided as recommended in the Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Self-inflating bag with reservoir suitable for use with children, an oxygen mask and oropharyngeal airways in various sizes have been acquired and are now available. These items are monitored within the Audit Register (recommendation 6)</p>
<p>Recommendation 6</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 15 December 2015</p>	<p>Develop a system to ensure that emergency equipment is checked and does not exceed the expiry date.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Emergency drugs and equipment is detailed and listed in the Audit Register in accordance with the Medical Emergency Policy, with dated and signed monthly review checks conducted to confirm completeness, availability and expiry dates.</p>

<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 15 December 2015</p>	<p>Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Personnel files for newly recruited staff, including self-employed staff, will, in accordance with the Recruitment Policy (February 2016), include all information as specified in Schedule 2 of the regulations.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 15 February 2016</p>	<p>All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: New contracts/agreements are currently in draft, and being finalised by the legal advisors for issue to staff for signature as soon as possible.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 15 February 2016</p>	<p>A record of induction and job descriptions should be retained for each staff member</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: In accordance with the Recruitment Policy (February 2016) all new staff will be provided with a job description and will be taken through the Induction Program (February 2016). All current staff will be provided with job descriptions alongside the new contracts.</p>		
<p>Registered Manager Completing QIP</p>	<p>Michael Irwin</p>	<p>Date Completed</p>	<p>26 Jan 2016</p>
<p>Registered Person Approving QIP</p>	<p>Michael Irwin</p>	<p>Date Approved</p>	<p>26 Jan 2016</p>
<p>RQIA Inspector Assessing Response</p>	<p>Norma Munn</p>	<p>Date Approved</p>	<p>31/01/2016</p>

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