



The **Regulation** and
Quality Improvement
Authority

Joan Mangan & Associates Dental Practice
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13 Belfast Road
Antrim
BT41 1NY

Inspectors' Names:
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Announced Care Inspection
of
Joan Mangan & Associates Dental Practice
12 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 12 August 2015 from 09:00 to 10:55. Overall on the day of the inspection it was identified that some improvements are necessary in the management of medical emergencies and recruitment and selection in order to ensure that care is 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 03 April 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	7

The details of the QIP within this report were discussed with Ms Joan Mangan, 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: Ms Joan Mangan	Registered Manager: Ms Joan Mangan
Person in Charge of the Practice at the Time of Inspection: Ms Joan Mangan	Date Manager Registered: 11 March 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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:

The following records were analysed at the commencement of the inspection: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspectors met with Ms Joan Mangan, 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

The previous inspection of the practice was an announced care inspection dated 03 April 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 03 April 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15.2</p> <p>Stated: First time</p>	<p>The non-vacuum steriliser should be validated.</p> <p>Arrangements should be established for the re-validation annually or as recommended by manufacturer's instructions, of all decontamination equipment in keeping with HTM 01-05. A copy of the non-vacuum steriliser re-validation certificate should be submitted to RQIA on return of the Quality Improvement Plan (QIP).</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that the non-vacuum steriliser was validated on the 28 August 2014. Ms Mangan confirmed that arrangements have been established to ensure that all machines used to decontaminate reusable dental instruments will be re-validated in keeping with manufacturer's instructions and best practice guidance as outlined in HTM 01-05.</p>	<p>Met</p>
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>In the decontamination room the following should be addressed:</p> <ul style="list-style-type: none"> • Flooring should be completed • A personal protective equipment (PPE) station should be installed • Relocate the hand towel dispenser close to the hand wash basin. <p>Action taken as confirmed during the inspection:</p> <p>It was observed that a finished floor has been installed in the decontamination room. The floor is in keeping with best practice guidance as outlined in HTM 01-05. A PPE station has not been installed. However it was observed that PPE is safely positioned and readily available in the decontamination room. It was observed that the hand towel dispenser has been relocated and is now positioned above the dedicated hand washing basin.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Further develop the practice protocol for the management of blood-borne virus to include the referral arrangements to Occupational Health in the event of a sharps injury.</p> <p>On completion this guidance should be shared with staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of the practice protocol for the management of blood-borne viruses demonstrated that it has been further developed. The protocol now includes the referral arrangements to Occupational Health in the event of a sharps injury. Ms Mangan confirmed that the updated policy was shared with staff.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p>	<p>Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Documentation was reviewed confirming the Hepatitis B immunisation status of the two associate dentists. Ms Mangan confirmed that all dental nurses have verbally confirmed that they have been immunised against Hepatitis B. However, no records were available to confirm this. Ms Mangan was advised that records regarding the Hepatitis B immunisation status of all clinical staff should be retained and available for review by inspectors. This recommendation has been stated for the second time.</p>	<p>Partially Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Sharps boxes should:</p> <ul style="list-style-type: none"> • be wall mounted in the interest of health and safety, • be signed and dated on assembly, and • have the aperture closed over when not in use. <p>Action taken as confirmed during the inspection: Ms Mangan confirmed that following a risk assessment a clinical decision was taken not to wall mount sharps boxes. Consideration was given to the positioning of sharps boxes, and sharps boxes in surgeries are housed in cupboards to prevent unauthorised access. This arrangement is considered satisfactory. Observation of the sharps boxes in surgery three and the decontamination room demonstrated that they were safely positioned, signed and dated on assembly and that the aperture was closed.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the cleaning arrangements in the practice. This should include detail regarding which staff members clean what areas, the specific tasks to be completed, the regularity of this and the colour coding system in use for cleaning materials.</p> <p>Action taken as confirmed during the inspection: Review of the policy and procedure for cleaning and maintaining the environment demonstrated that it has been further developed to include the information specified in this recommendation.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The tape applied to the skirting board in surgeries should be removed and the skirting sealed where it meets the wall with silicone sealant.</p> <p>Action taken as confirmed during the inspection: It was observed that the tape applied to the skirting boards in surgery three has been removed and the floor has been sealed with a silicone sealant where it meets the skirting boards and kicker boards of cabinetry. Ms Mangan confirmed the same works have been completed in the other three surgeries.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows of the hand wash basins in the surgeries should be sealed off using a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection observation of surgery three demonstrated that the overflow of the hand washing basin had not been blanked off as recommended. However, Ms Mangan confirmed that a plumber was scheduled to undertake this work in the days following this inspection. On the 27 August 2015 Ms Mangan confirmed in an email that the overflows had been blanked off.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Filters in dental unit water lines (DUWLs) should be cleaned / replaced and DUWLs purged as per manufacturer's instructions.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Ms Mangan confirmed that she discussed filters in DUWLs with the appointed service engineer responsible for servicing the dental chairs in the practice. The service engineer confirmed that the DUWLs do not have filters that require cleaning/replacing by the practice. Discussion with Ms Manager confirmed that DUWLs are purged/disinfected with a commercially available biocide in keeping with best practice guidance.</p>	<p>Met</p>

<p>Recommendation 9</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The DAC Universal logbook should be further developed to include the periodic tests for a steriliser and a fault history.</p> <p>The periodic tests for a steriliser should be undertaken and recorded for the DAC Universal.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that the periodic tests for a washer disinfectors are undertaken and recorded in respect of the DAC Universal. However, the periodic tests for a steam steriliser are not recorded. Ms Mangan confirmed that the DAC Universal is data logged is she was of the opinion this was sufficient. Ms Mangan was advised that the results of the daily automatic control test (ACT) and the daily steam penetration test for a steam steriliser should be recorded in the machine logbook. This recommendation has been stated for the second time.</p>		

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 refresher training is provided in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Two submitted staff questionnaires indicated that refresher training had not been provided within the previous 12 calendar months. Ms Mangan confirmed that refresher training has been postponed by two months due to annual leave commitments and that it is scheduled for September 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). It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Ms Mangan 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.

It was observed that in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available in the practice. Portable suction, clear face masks suitable for use with children and an automated external defibrillator (AED) were not available.

It was also observed that two oropharyngeal airways sealed in a sterilisation pouch were available. As the airways had been removed from their original packaging it was not possible to ascertain their expiry dates. Ms Mangan was advised that oropharyngeal airways should be provided in the various sizes as outlined in the Resuscitation Council (UK) guidelines.

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.

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

Is Care Effective?

A policy for the management of medical emergencies has been established. However, it needs further development to ensure it fully reflects best practice guidance. The policy should be further developed to include the following information:

- a list of emergency medicines and equipment available;
- the checking procedures for emergency medicines and equipment;
- the procedure for documenting medical emergencies; and
- the procedure to be followed in regards to staff debriefing following a medical emergency.

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.

On the day of the inspection the arrangements for managing a medical emergency were generally 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.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Portable suction, clear face masks suitable for use with children and oropharyngeal airways in a variety of sizes as recommended by the Resuscitation Council (UK) should be provided.

The availability of an automated external defibrillator (AED) should be reviewed. Ms Mangan should seek advice and guidance from her medico-legal advisor in this regard.

The policy for the management of medical emergencies should be further developed to reflect current best practice 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. An amendment was made to the policy by Ms Mangan during the inspection, to include the procedure to be followed in relation to enhanced AccessNI checks. The updated policy was comprehensive and reflected best practice guidance.

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;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications; and
- evidence of current GDC registration.

The personnel file reviewed did not contain evidence that an enhanced AccessNI check was received prior to commencement of employment; two written references, a criminal conviction declaration by the applicant or confirmation of their physical and mental fitness to fulfil their duties. Ms Mangan confirmed that verbal references had been obtained for the identified staff member, and that in the future all recruitment records as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, 19 (2) Schedule 2 of the 2005 Regulations would be retained.

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Ms Mangan confirmed that staff who require individual professional indemnity cover have verbally confirmed that they have the necessary indemnity cover in place. However, records to confirm this were not available for review. Ms Mangan confirmed that the dental nurses are covered under her professional indemnity cover.

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 previously stated the dental service's recruitment and selection procedures need to be developed in regards to AccessNI checks and the retention of recruitment documentation as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, 19 (2) Schedule 2 of the 2005 Regulations.

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 evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Mangan 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 recruitment and selection procedures were generally 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.

As previously stated an enhanced AccessNI check had not been undertaken in respect of the identified staff recruited since registration with RQIA. Ms Mangan confirmed that at the time of recruitment, the identified staff had furnished an enhanced AccessNI undertaken in respect of another employer. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Mangan. Ms Mangan confirmed that she is now aware of the procedure to be followed in relation to enhanced AccessNI check and that AccessNI checks are not portable.

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 generally found to be compassionate.

Areas for Improvement

An enhanced AccessNI check must be undertaken and received in respect of the identified staff member. AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. AccessNI certificates must be handled in keeping with the AccessNI code of practice.

Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited.

Records should be retained confirming the professional indemnity status of registered dental professionals who require individual professional indemnity cover.

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 inspectors spoke with Ms Joan Mangan, registered person, and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required. However four completed staff questionnaires were given to the inspectors at the commencement of the inspection.

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. Two staff indicated on completed questionnaires that medical emergency training had not been provided within the previous 12 calendar months. However they both indicated that refresher training was booked for September 2015 and this was confirmed by Ms Mangan during the inspection.

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. Review of the complaints questionnaire during the inspection indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to

the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

6. Quality Improvement Plan

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

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to 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 19 (2) Schedule 2 Stated: First time To be Completed by: 12 September 2015	The registered person must address the following issues in relation to AccessNI checks: <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken and received in respect of the identified staff member; • enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and • AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice.
	Response by Registered Person Detailing the Actions Taken: Access NI check has been requested in respect of identified staff member.
Recommendations	
Recommendation 1 Ref: Standard 11.2 Stated: Second time To be Completed by: 12 September 2015	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.
	Response by Registered Person Detailing the Actions Taken: Records will be obtained and retained regarding Hepatitis B immunisation status of all clinical staff.
Recommendation 2 Ref: Standard 13 Stated: Second time To be Completed by: 19 August 2015	The DAC Universal logbook should be further developed to include the periodic tests for a steriliser and a fault history. The periodic tests for a steriliser should be undertaken and recorded for the DAC Universal.
	Response by Registered Person Detailing the Actions Taken: Periodic tests for a steriliser will be undertaken and recorded in respect of the DAC Universal
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 12 September 2015	It is recommended that portable suction, clear face masks suitable for use with children and oropharyngeal airways in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.
	Response by Registered Person Detailing the Actions Taken: Portable suction, children's masks and oropharyngeal airways of varying sizes to be provided.

<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 12 September 2015</p>	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Ms Mangan should seek advice and guidance from her medico-legal advisor in this regard.</p> <p>Response by Registered Person Detailing the Actions Taken: Advice will be sought from medico-legal advisor in respect of availability of an AED and this will be reviewed on a regular basis.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 12 September 2015</p>	<p>It is recommended that the medical emergency policy is further developed to reflect best practice guidance. The policy should be further developed to include the following information:</p> <ul style="list-style-type: none"> • a list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • 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 Detailing the Actions Taken: Medical Emergency Policy to be further developed.</p>
<p>Recommendation 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 12 August 2015</p>	<p>It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check was received prior to commencement of employment; • two written references; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. <p>Response by Registered Person Detailing the Actions Taken: Personnel files will now include additional information as requested.</p>
<p>Recommendation 7</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 12 September 2015</p>	<p>It is recommended that records should be retained confirming the professional indemnity status of registered dental professionals who require individual professional indemnity cover.</p> <p>Response by Registered Person Detailing the Actions Taken: Said records will be retained.</p>

Registered Manager Completing QIP	Joan Mangan	Date Completed	27/10/15
Registered Person Approving QIP	Joan Mangan	Date Approved	27/10/15
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	29/10/2015

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