



The Regulation and
Quality Improvement
Authority

Mountpottinger Dental Practice
RQIA ID: 11609
94 Castlereagh Street
Belfast
BT5 4NJ

Inspector: Stephen O'Connor
Inspection ID: IN022378

Tel: 028 9045 1989

**Announced Care Inspection
of
Mountpottinger Dental Practice**

17 August 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 17 August 2015 from 09:55 to 12:05. The inspection was facilitated by Mrs Joann Ferguson, representative from Dental World Limited. 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. Following the previous inspection the registered manager for Mountpottinger Dental Practice resigned from Dental World Limited and an acting manager was appointed for this practice. A requirement has been made during this inspection that a registered manager application in respect of Mrs Joann Ferguson is submitted to RQIA. 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 Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

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	3	1

The details of the QIP within this report were discussed with Mrs Joann Ferguson, representative from Dental World Limited, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dental World Limited Mr Robert McMitchell	Registered Manager: Ms Dawn Montgomery (Acting)
Person in Charge of the Practice at the Time of Inspection: Mrs Joann Ferguson	Date Registered: 06 April 2015
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; 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 Mrs Ferguson, representative from Dental World Limited, an associate dentist, a trainee dental nurse and a receptionist.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this dental practice was an announced estates inspection on 20 March 2015. The completed QIP was returned to RQIA on 18 August 2015. A number of issues will be followed up by the estates inspector in relation to this completed QIP.

Review of Requirements and Recommendations from the last Care Inspection dated 21 January 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2) (b) & 15 (7) Stated: First time	<p>The following issues in relation to Dental Unit Water Lines (DUWLs) must be addressed;</p> <ul style="list-style-type: none"> • A policy and procedure for the management of DUWLs must be established and shared with staff; • Review the manufacturer's guidance and ensure that the DUWLs are disinfected/purged in keeping with the guidance; and • Ensure a commercially available biocide is used to disinfect DUWLs. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that a policy on the management of DUWLs was implemented during February 2015. Discussion with a trainee dental nurse demonstrated that a commercially available biocide is used to disinfect DUWLs in keeping with the manufacturer's guidance. The trainee dental nurse also confirmed that DUWLs are purged in keeping with manufacturer's guidance.</p>	
Requirement 2 Ref: Regulation 15 (3) Stated: First time	<p>All reusable dental instruments; manufacturer's instructions permitting should be cleaned in the washer disinfecter.</p> <p>Compatible dental handpieces must be processed through the washer disinfecter as part of the decontamination process.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with a trainee dental nurse demonstrated that all compatible reusable dental instruments, including dental handpieces are processed through the washer disinfecter.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	All surfaces in clinical and decontamination areas should be impervious and easily cleaned. The exposed wooden door and architrave in the decontamination room should be sealed.	Met
	Action taken as confirmed during the inspection: It was observed that the exposed wooden door architrave in the decontamination room had been sealed with a clear varnish. All surfaces in the decontamination room are impervious and easily cleaned.	
Recommendation 2 Ref: Standard 13 Stated: First time	The following issues in relation to policies and procedures should be addressed: <ul style="list-style-type: none"> • A blood spillage policy and procedure should be established; • An environment cleaning policy should be established, this should include the roles and responsibilities of staff, the arrangements for cleaning the environment, and guidance on the colour coding of cleaning equipment; • A hand hygiene policy and procedure should be established; • Once developed new policies and procedures should be shared with staff. • 	Met
	Action taken as confirmed during the inspection: Review of the practice policy file demonstrated that a blood spillage policy, an environmental cleaning policy and a hand hygiene policy were available for staff reference. Review of these policies demonstrated that they reflect best practice guidance. Mrs Ferguson confirmed that these policies were shared with staff.	

Recommendation 3 Ref: Standard 13 Stated: First time	Floors in both dental surgeries should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.	Met
	Action taken as confirmed during the inspection: It was observed that the floors in both surgeries were either coved or sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.	
Recommendation 4 Ref: Standard 13 Stated: First time	A refurbishment plan should be established to ensure that wall surfaces in surgery one are impervious and easily cleaned.	Met
	Refurbishment plans should ensure that the tracks cut in the wall to install electrical trunking and the holes in the wall as a result of shelving being removed are addressed. Action taken as confirmed during the inspection: Mrs Ferguson confirmed that surgery one has recently been refurbished and that plans are in place to refurbish surgery two during October 2015. It was observed that the wallpaper in surgery one has been removed. All walls in surgery one have been plastered and painted during the refurbishment, providing finished surfaces that can be easily cleaned.	
Recommendation 5 Ref: Standard 13 Stated: First time	The torn dental chairs should be reupholstered.	Met
	Action taken as confirmed during the inspection: It was observed that the dental chair in surgery one has been reupholstered. Plans are in place to reupholster the dental chair in surgery two during October 2015 when this surgery is being refurbished. In the interim period a disposable barrier is being used over a tear on the back rest of the chair. The trainee dental nurse confirmed that the disposable barrier is changed after each patient. This arrangement is considered to be satisfactory.	

Recommendation 6	For the purposes of performing hand hygiene consideration should be given to wall mounted soap and disinfectant rub/gel dispensers in the decontamination room.	Met
Ref: Standard 13		
Stated: First time	Action taken as confirmed during the inspection: It was observed that a wall mounted liquid soap and hand towel dispensers have been installed near the dedicated hand washing basin in the decontamination room.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment with the exception of an automated external defibrillator (AED) as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Mrs Ferguson confirmed that the practice does not have an AED or timely access to a community AED. A robust 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 the arrangements for managing a medical emergency were generally found to be 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.

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.

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

Areas for Improvement

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

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available in the practice. The policy was comprehensive reflecting best practice guidance.

Three personnel files of staff recruited since registration with RQIA were examined. None of the files reviewed included all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. None of the three files included two written references or records of staff induction. The following records were only available in one of the three files reviewed:

- positive proof of identity, including a recent photograph;
- details of full employment history, including an explanation of any gaps in employment;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application; and
- confirmation that the person is physically and mentally fit to fulfil their duties.

Mrs Ferguson was advised that staff personnel files should include all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The arrangements for AccessNI checks were reviewed. In one file reviewed it was identified that an enhanced AccessNI check was received prior to the staff member commencing work. However, in two files reviewed it was identified that an enhanced AccessNI check was

received after the staff members commenced work. It was also observed that either a photocopy of the original AccessNI check or the original AccessNI check was retained in each file reviewed. The storage of disclosure information is not in keeping with the AccessNI code of practice.

A staff register containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable, was established during the inspection. Mrs Ferguson is aware that the staff register is a live document and should be kept up-to-date.

Mrs Ferguson confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed above further development is needed in relation to AccessNI procedures and staff personnel files to ensure that recruitment and selection procedures comply with all relevant legislation.

Three personnel files were reviewed. It was noted that each file included a contract of employment and job description.

Induction programme templates are in place relevant to specific roles within the practice. However, as discussed previously records of induction were not retained in the three personnel files reviewed.

Discussion with Mrs Ferguson and staff confirmed that staff have been provided with a job description, contract of employment 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.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, review of three staff personnel files demonstrated an enhanced AccessNI check had been received prior to commencing work in respect of one staff member. However, in respect

of two staff members an enhanced AccessNI check was received after they started work. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mrs Ferguson.

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 they are knowledgeable about the core values of privacy, dignity, respect and patient choice.

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

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to new staff commencing employment.

AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice.

Staff personnel files should include all documentation as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements	2	Number Recommendations:	0
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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 Mrs Joann Ferguson, an associate dentist, a trainee dental nurse and a receptionist. 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 on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. Review of documentation and discussion with Mrs Ferguson demonstrated that complaints have been managed in accordance with best practice.

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.

5.5.4 Registered Manager

RQIA were notified on 12 May 2015 that Ms Dawn Montgomery was coming forward for registration as the registered manager of three registered Dental World Limited practices, to include Mountpottinger Dental Practice. However, an application for registration has not yet been received. This was discussed with Mrs Ferguson who confirmed that Ms Montgomery does not have any managerial responsibility for Mountpottinger Dental Practice and that she will be coming forward as the registered manager. Mrs Ferguson confirmed that she would access the relevant documentation for registration on the RQIA website.

Areas for Improvement

The registered person must ensure that a full and complete application, including the relevant fee is made in respect of Mrs Joann Ferguson who is coming forward to RQIA for registration as registered manager of Mountpottinger Dental Practice.

Number of Requirements	1	Number 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 Mrs Joann Ferguson, representative from Dental World Limited, 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 may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. 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/manager 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/manager 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)
(d) Schedule 2

Stated: First time

To be Completed by:
17 August 2015

The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.

AccessNI disclosure certificates should be 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.

Response by Registered Manager Detailing the Actions Taken:

This has been addressed and we will be careful to use the access NI code of practice in the future.

Requirement 2

Ref: 19(2)(d) and
Schedule 2

Stated: First time

To be Completed by:
17 August 2015

The registered person must ensure that they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for all staff recruited since registration with RQIA and any new staff recruited, including the staff member who did not have a personnel file.

Records must be retained and available for inspection.

Response by Registered Manager Detailing the Actions Taken:

Personnel files will be made for any new staff moving forward and all relevant information kept inside.

Requirement 3

Ref: Article 13 (1) (2)
(a) & (b) The Health
and Personal Social
Services (Quality,
Improvement and
Regulation) (Northern
Ireland) Order 2003

Stated: First time

To be Completed by:
31 August 2015

The registered person must ensure that a full and complete application, including the relevant fee is made in respect of Mrs Joann Ferguson who is coming forward to RQIA for registration as registered manager of Mountpottinger Dental Practice.

Response by Registered Manager Detailing the Actions Taken:

I have discussed this with the Principal and will be submitting these forms in October 15

Recommendations			
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 17 October 2015	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.		
	Response by Registered Manager Detailing the Actions Taken: We are still looking into organising an arrangement letter from a local chemist		
Registered Manager Completing QIP	Jo-Ann Ferguson	Date Completed	10/09/15
Registered Person Approving QIP	R A McMitchell	Date Approved	11/09/15
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

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	09/10/2015
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