



The Regulation and
Quality Improvement
Authority

Moyle Dental Care
RQIA ID: 11612
137 Old Glenarm Road
Larne
BT40 1NH

Inspector: Carmel McKeegan
Inspection ID: IN022756

Tel: 028 2827 3737

**Announced Care Inspection
of
Moyle Dental Care**

16 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 16 September 2015 from 14.00 to 15.45. 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. A requirement stated for the second time during the previous inspection in relation to recording periodic checks for the steriliser and washer disinfectant in the dedicated logbooks could not be verified as compliant. Given that this requirement had not been met, enforcement action was considered in discussion with the Senior Inspector for Independent Health Care and the Head of Programme for Nursing Homes, Independent Health Care and Pharmacy Regulation. Due to mitigating circumstances discussed and considered, this requirement will be stated for a third and final time and a follow up inspection will be undertaken to assess compliance with this requirement. 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 20 May 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	1	4

The details of the QIP within this report were discussed with Mr Fergus Lynch, 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 Fergus Lynch	Registered Manager: Mr Fergus Lynch
Person in Charge of the Practice at the Time of Inspection: Mr Fergus Lynch	Date Manager Registered: 10 May 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; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

The following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr Fergus Lynch, registered person, and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and the process for recording 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 20 May 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 20 May 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: Second time</p>	<p>Ensure that the steam steriliser is maintained and validated in line with HTM 01-05 or the manufacturer's instructions and records are retained for inspection.</p> <p>A copy of the validation certificate should be submitted to RQIA.</p> <p>Establish log books for the washer disinfectant and the steriliser used in the decontamination process. Log books should contain the following information:</p> <ul style="list-style-type: none"> • Details of the machine and location; • Commissioning report; • Daily/weekly test record sheets; • Quarterly test record sheets; • Annual service/validation certification; • Fault history; • Process log; • Records to show staff have been trained in the correct use of the machine; • Relevant contacts e.g. service engineer. 	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A copy of the validation certificate had been submitted to RQIA with the returned QIP.</p> <p>Review of the log books for the steriliser and washer disinfectant identified that the recommended periodic checks had not been recorded in the steriliser logbook since November 2014 or in the washer disinfectant logbook since June 2014.</p> <p>Mr Lynch confirmed during discussion that a dental nurse has been on long term sick leave, and that she was the person who would have maintained the log books. Mr Lynch also confirmed that the one remaining dental nurse does have the knowledge and training in this area. However, keeping the log books up to date has been difficult due to a lack of time as the dental nurse is covering reception duties as well as dental nursing duties.</p>	

	<p>Data loggers are in place for both the washer disinfectant and steriliser and the inspector viewed this information on the practice computer.</p> <p>Due to mitigating circumstances discussed and considered, this element of the requirement will be stated for a third and final time and a follow up inspection will be undertaken to assess compliance with this requirement.</p>	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly.	Met
	Action taken as confirmed during the inspection: Sharps boxes were observed to be signed and dated on assembly.	
Recommendation 2 Ref: Standard 13 Stated: First time	The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the arrangements for the cleaning of the non-clinical environment areas.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Lynch and the dental nurse and observation of the dental practice evidenced that the cleaning arrangements include all areas within the dental practice.	
Recommendation 3 Ref: Standard 13 Stated: First time	Establish a refurbishment programme to ensure that the complete flooring in the dental surgeries is impervious and coved or sealed at the edges.	Met
	The flooring in the OPG room should be sealed at the edges.	
	Action taken as confirmed during the inspection: Mr Lynch confirmed that future refurbishment of the dental practice would ensure that the complete flooring in the dental surgeries is impervious and coved or sealed at the edges Observation of the OPG room confirmed that the flooring in that area has been sealed at the edges.	

Recommendation 4 Ref: Standard 13 Stated: First time	Separate colour coded mops should be provided for cleaning the following areas: <ul style="list-style-type: none"> • Clinical and decontamination areas; • General areas; and • Toilet facilities 	Met
	Action taken as confirmed during the inspection: Separate colour coded mops as recommended above were observed in the practice.	

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr Lynch and the dental nurse 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 Lynch and the dental nurse 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self in-inflating bag with reservoir suitable for a child and clear oxygen face masks in adult and child sizes.

Mr Lynch confirmed that the practice does not have an automated external defibrillator (AED) and the practice does not have any formal arrangements to get access to an AED within close proximity to the practice.

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 Mr Lynch and the dental nurse 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 management of medical emergencies is safe.

Is Care Effective?

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies however a policy for the management of medical emergencies reflective of best practice guidance was not available.

Discussion with Mr Lynch and the dental nurse 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 Lynch 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 the management of medical emergencies is 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, Mr Lynch and the dental nurse 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

A self-inflating bag with reservoir suitable for a child and clear oxygen face masks in adult and child sizes should be provided as recommended by the Resuscitation Council (UK) guidelines.

Advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice.

A written policy for the management of medical emergencies should be developed.

Number of Requirements:	0	Number of Recommendations:	3
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3.4 Recruitment and Selection**Is Care Safe?**

Guidance information relating to some aspects of general recruitment and selection procedures were available however a clearly defined recruitment and selection procedure to be applied in the dental practice was not in place. The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which states the information required in respect of employees, and advised that a recruitment and selection policy should reflect the information contained therein.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. Mr Lynch confirmed that the new recruitment policy and procedure would ensure that following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- two written references;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register was retained containing staff details including, name, position; date of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. This was further developed during the inspection to include dates of birth and dates of leaving.

Mr Lynch 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, recruitment and selection procedures were found to be generally safe.

Is Care Effective?

As previously stated a recruitment and selection procedure needs to be developed which complies with all relevant legislation and includes checking procedures to ensure qualifications, registrations and references are bona fide.

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 the dental nurse confirmed that she had been provided with a job description, contract of employment and had received induction training on commencement of work in the practice.

Discussion with the dental nurse confirmed that she is aware of her role and responsibilities.

Mr Lynch and the dental nurse 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 found to be effective.

Is Care Compassionate?

As previously stated the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation.

Mr Lynch is aware of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice to minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with the dental nurse demonstrated that she has a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with the dental nurse 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

Recruitment and selection procedures should be developed to reflect best practice guidance.

Number of Requirements:	0	Number of Recommendations:	1
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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 Lynch, registered person and the dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. One was returned to the inspector on the day of the inspection.

Review of the submitted questionnaire and discussion with Mr Lynch and the dental nurse evidenced that a job description and contract of employment/agreement is provided to new staff on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

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

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion, this was returned to the inspector on the day of the inspection. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion, this was returned to the inspector on the day of the inspection. A copy of the most recent patient satisfaction report was available to view in the dental practice.

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 Mr Lynch, 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 RQIA's office 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(s) 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(s) 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 15 (2)
(b)

Stated: Third and final
time

To be Completed by:
16 November 2015

The registered person must establish log books for the washer disinfecter and the steriliser used in the decontamination process. Log books should contain the following information:

- Details of the machine and location;
- Commissioning report;
- Daily/weekly test record sheets;
- Quarterly test record sheets;
- Annual service/validation certification;
- Fault history;
- Process log;
- Records to show staff have been trained in the correct use of the machine; and
- Relevant contacts e.g. service engineer.

Response by Registered Person(s) Detailing the Actions Taken:

*Log books now updated and maintained
Validation completed for steriliser and
disinfecter on 7/10/15*

Recommendations

Recommendation 1

Ref: Standard 12.4

Stated: First time

To be Completed by:
16 October 2015

It is recommended that emergency equipment is provided as recommended by the Resuscitation Council (UK) guidelines to include;

- a self in-inflating bag with reservoir suitable for a child; and
- clear oxygen face masks in adult and child sizes.

Response by Registered Person(s) Detailing the Actions Taken:

*Masks and bags replaced for adult
and child sizes.*

<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Costings for AED on going with a view to purchase it</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 16 November 2015</p>	<p>It is recommended that a written policy for the management of medical emergencies reflective of best practice guidance is developed to include:</p> <ul style="list-style-type: none"> • arrangements for mandatory training; • provision of equipment; • list emergency medication to be retained; • emergency equipment and emergency medication checking procedures; • how to summon help; • incident documentation and • staff debriefing <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Existing policy updated to include any recommendations</i></p>

<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 16 November 2015</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant. 		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>The existing recruitment policy has been updated to include any recommendations</i></p>		
<p>Registered Manager Completing QIP</p>	<p><i>[Redacted]</i></p>	<p>Date Completed</p>	<p><i>7/11/15</i></p>
<p>Registered Person Approving QIP</p>		<p>Date Approved</p>	
<p>RQIA Inspector Assessing Response</p>	<p><i>P. McKeegan</i></p>	<p>Date Approved</p>	<p><i>18.11.15.</i></p>

**Please ensure the QIP is completed in full and returned to RQIA's office*