



The **Regulation** and
Quality Improvement
Authority

Devlin Dental Practice
RQIA ID: 11646
55 Thomas Street
Dungannon
BT70 1HW

Inspector: Emily Campbell
Inspection ID: IN023633

Tel: 028 8772 2619

**Announced Care Inspection
of
Devlin Dental Practice**

11 November 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 11 November 2015 from 09.40 to 11.55. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Recruitment and selection arrangements were generally found to be safe, effective and compassionate. One area from the previous inspection and an additional area identified during this inspection also needs 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 7 May 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	0	4

The details of the QIP within this report were discussed with Mr Owen Devlin, 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 Owen Devlin	Registered Manager: Mr Owen Devlin
Person in Charge of the Practice at the Time of Inspection: Mr Owen Devlin	Date Manager Registered: 07 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 Mr Devlin, registered person, a year one foundation trainee dentist, two dental nurses and one trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and two 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 7 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 07 May 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.1 Stated: First time	The flooring in the two surgeries identified should be sealed to the edge to facilitate cleaning.	Partially Met
	Action taken as confirmed during the inspection: Observations made evidenced that the flooring has been sealed in one surgery only. This recommendation has been partially addressed and is stated for the second time in relation to the second surgery.	
Recommendation 2	A cleaning schedule should be developed for the decontamination room.	Met

<p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Discussion with a dental nurse and observations made evidenced that this recommendation has been addressed.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The plugs should be removed from the sinks and the overflow blanked in the practice surgeries to facilitate hand washing.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed. Due to a protrusion integral to the overflow of one hand washing basin it is not possible to effectively blank the overflow off. Mr Devlin was advised that on the next refurbishment of the surgery a dedicated clinical hand wash basin should be provided.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>A record should be retained of all risk control actions undertaken as a result of the legionella risk assessment. These include the running of infrequently used water outlets and testing of water temperatures.</p> <p>Action taken as confirmed during the inspection: Mr Devlin confirmed that there are no infrequently used outlets in the practice. Review of records evidenced that water temperatures are monitored on a regular basis.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>Sharps containers for the disposal of pharmaceutical waste should be provided at the practice in any relevant areas.</p> <p>Action taken as confirmed during the inspection: Mr Devlin confirmed that purple lidded sharps boxes have been provided in each surgery and observation of two surgeries evidenced this.</p> <p>It was observed that sharps boxes had not been signed or dated on assembly and a recommendation was made in this regard.</p>	Met
<p>Recommendation 6</p> <p>Ref: Standard 13.4</p>	<p>It should be confirmed to RQIA that an illuminated magnification has been incorporated in the decontamination process.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: Observation of the decontamination room confirmed that an illuminated magnification has been provided and is appropriately placed within the dirty to clean flow.	
Recommendation 7 Ref: Standard 13.4 Stated: First time	The following snagging issues in the decontamination room should be completed: <ul style="list-style-type: none"> • repair to the ceiling where the light fixture has been removed; • repair of some areas of plaster work to walls; and • completion of paintwork to ceiling and walls. Action taken as confirmed during the inspection: Observations made confirmed that this recommendation has been addressed.	Met

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Devlin 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 Devlin and 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of oropharyngeal airways and an automated external defibrillator (AED). The practice does however have access to an AED at the medical centre beside the dental practice. Mr Devlin confirmed that this arrangement will be included in the associated protocol and that staff training in the use of the AED will be provided at the next training session scheduled for January 2016. Mr Devlin confirmed by email on 12 November 2015 that oropharyngeal airways had been ordered. 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 Devlin 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 the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance; a minor amendment was made during the inspection to reference staff debriefing. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Devlin 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 Devlin and 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 Mr Devlin and 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

No areas for improvement were identified during the inspection.

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

Is Care Safe?

There was a recruitment policy and procedure available. Amendments were made to the recruitment policy which was emailed to RQIA on 12 November 2015. The revised policy was comprehensive and reflected best practice guidance.

Three 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;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Only one file had a written reference and Mr Devlin advised that he had taken up verbal references in respect of all three staff. However, there was no record retained of this. A criminal conviction declaration was not retained in any file reviewed. A recommendation was made in this regard.

Enhanced AccessNI checks had been undertaken and received in respect of each staff member. However, these were received shortly after the contracted date of employment in respect of two staff. Mr Devlin advised that in the interim period staff were undergoing induction training incorporating a review of policies and the staff did not have any contact at all with patients until after the checks were received.

The storage arrangements of enhanced AccessNI checks, was not in keeping with the AccessNI code of practice and a recommendation was made in this regard.

A staff register was not available of staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. However, Mr Devlin confirmed by email on 12 November 2015, that this had been established. Mr Devlin is aware that this is a live document which should be kept updated.

Mr Devlin 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 generally found to be safe.

Is Care Effective?

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications and registrations are bona fide. As discussed written references and a criminal conviction declaration should be obtained as part of the recruitment process.

Contracts of employment/agreement were not evidenced in files reviewed. Mr Devlin advised that these have not yet been finalised and will be issued on completion of induction.

Induction programme templates are in place relevant to specific roles within the practice. A sample of three evidenced that induction programmes are completed when new staff join the practice.

Discussion with staff confirmed that they 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 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

Two written references and a criminal conviction declaration should be obtained as part of the recruitment process. Records should be retained in staff personnel files.

Enhanced AccessNI checks should be handled in keeping with AccessNI's code of practice.

Number of Requirements:	0	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 inspector spoke with Mr Devlin, registered person, a year one foundation trainee dentist, two dental nurses and one trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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/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. 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 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 Refurbishment

It was observed that one surgery had exposed wood on some cabinetry and was in need of general refurbishment. Mr Devlin confirmed that he intends to refurbish this surgery, having recently completed refurbishment of the other two surgeries.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Owen Devlin, 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(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

Quality Improvement Plan			
Recommendations			
Recommendation 1	The flooring in the identified surgery should be sealed to the edge to facilitate cleaning.		
Ref: Standard 13.1	Response by Registered Person(s) Detailing the Actions Taken:		
Stated: Second time	<i>This is currently being addressed</i>		
To be Completed by: 11 January 2016			
Recommendation 2	Sharps boxes should be signed and dated on assembly.		
Ref: Standard 13.1	Response by Registered Person(s) Detailing the Actions Taken:		
Stated: First time	<i>Staff have been trained to do this.</i>		
To be Completed by: 11 November 2015			
Recommendation 3	Two written references, one of which should be from the current/most recent employer and a criminal conviction declaration should be obtained as part of the recruitment process.		
Ref: Standard 11.1	Records should be retained in staff personnel files.		
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 11 November 2015	<i>This has been added to our recruitment policy</i>		
Recommendation 4	Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.		
Ref: Standard 11.1	Response by Registered Person(s) Detailing the Actions Taken:		
Stated: First time	<i>This will be undertaken.</i>		
To be Completed by: 11 November 2015			
Registered Manager Completing QIP	<i>Owen Devlin</i>	Date Completed	<i>3/12/15</i>
Registered Person Approving QIP	<i>—</i>	Date Approved	<i>11</i>
RQIA Inspector Assessing Response		Date Approved	

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



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RQIA Inspector Assessing Response	Emily Campbell	Date Approved	14.12.15
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