

**Announced Care Inspection  
of  
E. McCann Dental Practice**

**09 December 2015**

## 1. Summary of Inspection

An announced care inspection took place on 09 December 2015 from 09:55 to 11:55. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. One outstanding issue from the previous inspection in regards to sealing the floors in the dental surgeries 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 10 December 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

The details of the QIP within this report were discussed with Mrs Lisa Armstrong, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Eamonn McCann	<b>Registered Manager:</b> Mr Eamonn McCann
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Katarzyna Mikusz-Krawczyk	<b>Date Manager Registered:</b> Mr Eamonn McCann
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

Prior to the inspection Mr McCann, registered person, notified RQIA in writing that he was taking a leave of absence from the practice for an undefined period of time. Additional information in this regard can be found in section 5.5.4 of this report.

### **3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies
- Recruitment and selection

### **4. Methods/Process**

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

Prior to inspection the following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Mrs Katarzyna Mikusz-Krawczyk, associate dentist, Mrs Lisa Armstrong, practice manager and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, 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 10 December 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 10 December 2014

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> Second time	Establish separate logbooks for each of the Statim sterilisers. The logbooks should contain the following information: <ul style="list-style-type: none"> <li>• details of the machine and location;</li> <li>• commissioning report;</li> <li>• daily/weekly test record sheets;</li> <li>• quarterly test record sheets (if required);</li> <li>• annual service/validation certification;</li> <li>• fault history;</li> <li>• records to show staff have been trained in the correct use of the machine; and</li> <li>• relevant contacts e.g. service engineer.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two Statim sterilisers are in routine use. It was observed that pre-printed logbooks are available for both Statim sterilisers. Review of the logbooks demonstrated that they have been fully completed.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15 (3)  <b>Stated:</b> Second time	Establish a system to record the cycle parameters of the Statim steriliser and ensure records are retained for not less than two years.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that data loggers have been fitted to both Statim sterilisers. Discussion with a dental nurse demonstrated that arrangements are in place to upload the information recorded on the data loggers to the practice computer system on a weekly basis. The information recorded on the data loggers is reviewed weekly.	

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The practice of dentists not disposing of needles, following the administration of local anaesthetic should be reviewed to reduce the risk of needle stick injury to nursing staff in keeping with good practice. This should be reflected in the practice's policy and procedure.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A dental nurse confirmed that the treating dentist disposes of needles following the administration of local anaesthetic. Review of documentation demonstrated that a policy in keeping with best practice guidance outlining the procedure to be followed in regards to the disposal of needles has been developed and implemented.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	Floors in the dental surgeries should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the two dental surgeries demonstrated that the floors have not been sealed at the edges where they meet the skirting boards and kicker boards of cabinetry. This was discussed with Mrs Armstrong and this recommendation has been stated for the second time.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>The following issues in regards to the stainless steel dedicated hand washing basins in the dental surgeries should be addressed:</p> <ul style="list-style-type: none"> <li>the rubber bung blanking the overflows should be removed and replaced with a stainless steel plate sealed with antibacterial mastic; and</li> <li>taps should be replaced with lever or sensor operated taps.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  Observation of the two dental surgeries demonstrated that the overflows of the dedicated stainless steel hand washing basins have been blanked off as recommended. It was observed that the taps have not been replaced with lever or sensor operated taps. The taps on both basins are twist operated; this is not in keeping with best practice guidance. However, staff were able to demonstrate a non-touch technique when operating the taps. Mrs Armstrong was advised that on the next refurbishment of the surgeries the dedicated hand washing basins should be in keeping with best practice guidance as specified in the 2013 edition of HTM 01-05.</p>	<p><b>Met</b></p>
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### 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). A number of issues were identified in relation to the emergency medicines as follows:

- it was observed that one Adrenalin 1:1000 ampoule was available for the management of epileptic seizures. Mrs Armstrong was advised that consideration should be given to the format of Adrenalin available and the arrangements for administering a second dose if required. Mrs Armstrong was advised that consideration should be given to the provision of pre-filled syringes suitable for use with children and adults

- it was observed that Glucagon was stored at room temperature; however a revised expiry date had not been recorded to reflect that the cold chain had been broken in keeping with the manufacturer's guidance
- it was observed that Co-Codamol 8/500mg tablets had expired at the end of November 2015, this was brought to the attention of Mrs Armstrong who removed the tablets during the inspection. Mrs Armstrong was advised that Co-Codamol 8/500mg is not one of the medicines dental practices are required to have available
- it was observed that some Aspirin 300mg tablets were available. However, the Aspirin tablets had been removed from their original packaging and the strips of tablets had been cut making it impossible to ascertain their expiry date
- Mrs Armstrong confirmed that arrangements are in place to review the expiry dates of emergency medicines. Review of the emergency medicine expiry date checklist demonstrated that although it identifies the expiry dates of medicines it does not include the signature of the person undertaking the check or list the emergency equipment that has expiry dates

The issues identified in regards to the provision of emergency medicines and establishing a robust checking procedure were discussed with Mrs Armstrong. A requirement was made to address these issues and a recommendation was made in regards to the Glucagon.

Review of medical emergency equipment demonstrated that in the main equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Mrs Armstrong confirmed that an automated external defibrillator (AED) is not available in the practice and that the practice has not established any arrangements to access a community AED. A recommendation was made to address this. As discussed previously a requirement was made in relation to expiry date checklist, this includes a component to include emergency equipment in the checking procedure.

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 further development is needed to ensure the arrangements for managing a medical emergency are 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 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

A robust system should be established to check the expiry dates of emergency medicines and equipment. The Aspirin 300mg tablets should be replaced.

Glucagon must be stored in keeping with manufacturer's instructions.

Mr McCann should consult with his medico-legal provider in regards to the provision of an AED in the practice and any recommendations made should be addressed.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.4 Recruitment and selection

### Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mrs Armstrong confirmed on discussion that the 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
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

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.



Mrs Armstrong 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 safe.

### **Is Care Effective?**

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

A model contract of employment and job descriptions were available for review. Mrs Armstrong confirmed that any new staff commencing work in the future would have a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. Mrs Armstrong confirmed that induction programmes would be completed should any new staff commence work in the future.

Discussion with Mr Armstrong confirmed that staff, with the exception of self-employed staff have been provided with a job description, contract of employment/agreement. An associate dentist confirmed that she did not have a contract/agreement. This was discussed with Mrs Armstrong and a recommendation was made to address this.

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

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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 Katarzyna Mikusz-Krawczyk, associate dentist, Mrs Lisa Armstrong, practice manager and a dental nurse. 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/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.

It was noted that the most recent patient satisfaction report was not dated. Mrs Armstrong confirmed that the report was generated during November 2015 and that in the future patient satisfaction reports will be dated.

#### 5.5.4 Management arrangements

As discussed previously in section 2 of this report, Mr McCann, registered person, notified RQIA in writing that he was taking a leave of absence from the practice for an undefined period of time. Mr McCann also confirmed that he has nominated Mrs Katarzyna Mikusz-Krawczyk an associate dentist in the practice to oversee the day to day management of the practice.

During the inspection Mrs Katarzyna Mikusz-Krawczyk confirmed that Mr McCann had nominated her to oversee the day to day management of the practice and that if required Mr McCann is available for advice, guidance and support.

### 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lisa Armstrong, practice manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

#### 6.1 Statutory Requirements

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

#### 6.2 Recommendations

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

#### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto: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 15 (6)

Stated: First time

To be Completed by:  
16 December 2015

The registered person must ensure the following issues in relation emergency medicines and equipment are addressed:

- dispersible Aspirin 300mg tablets should be provided in a form that enables the expiry date to be checked
- a robust procedure must be established to check the expiry dates of emergency medicines and equipment. The check must include the include the date and the signature of the person completing the check

#### Response by Registered Person Detailing the Actions Taken:

*I understand the recommendations above and am currently addressing them.*

### Recommendations

#### Recommendation 1

Ref: Standard 13

Stated: Second time

To be Completed by:  
09 February 2015

Floors in the dental surgeries should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.

#### Response by Registered Person Detailing the Actions Taken:

*This has been addressed.*

#### Recommendation 2

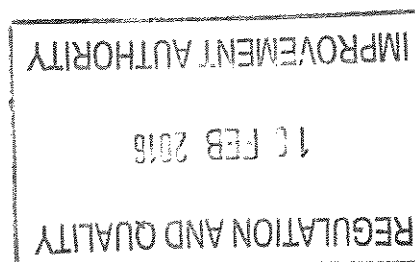
Ref: Standard 12.4

Stated: First time

To be Completed by:  
16 December 2015

It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.

#### Response by Registered Person Detailing the Actions Taken:



<b>Recommendation 3</b>	It is recommended that Mr McCann consult with his medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.		
Ref: Standard 12.4	<b>Response by Registered Person Detailing the Actions Taken:</b>		
Stated: First time	I have previously spoken to our MLA about provision of an AED to our practice + for its public use also.		
To be Completed by: 09 January 2015			
<b>Recommendation 4</b>	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.		
Ref: Standard 11.1	<b>Response by Registered Person Detailing the Actions Taken:</b>		
Stated: First time	We are currently looking into contract agreements with our associates.		
To be Completed by: 09 February 2015			
Registered Manager Completing QIP	X <i>[Signature]</i>	Date Completed	5/2/16
Registered Person Approving QIP	X <i>[Signature]</i>	Date Approved	5/2/16
RQIA Inspector Assessing Response		Date Approved	

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	19.02.16
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