



The Regulation and  
Quality Improvement  
Authority

REGULATION AND QUALITY

07 DEC 2015

IMPROVEMENT AUTHORITY

Peter Grimason Dental Surgery

RQIA ID: 11657

2 Castle Place

Newtownards

BT23 7JE

Inspector: Philip Colgan

Inspection ID: IN023455

Tel: 028 9181 2708

**Announced Care Inspection  
of  
Peter Grimason Dental Surgery**

**14 October 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 14 October 2015 from 08.40 to 10.30. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate.

Some outstanding issues from the previous inspection also need to be addressed. A recommendation previously made for a second time in relation to the ventilation system in the decontamination room had not been met and is now stated as a requirement. Two recommendations previously made for the first time pertaining to infection control best practice guidance have not been met and are now stated for a second time. 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 insert date.

### 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	3

The details of the QIP within this report were discussed with Mr Peter Grimason, registered person 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 Peter Grimason	<b>Registered Manager:</b> Mr Peter Grimason
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter Grimason	<b>Date Manager Registered:</b> 8 November 2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 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 Mr Grimason, registered person, two dental nurses and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 8 October 2014. The completed QIP was returned and approved by the inspector.

## 5.2 Review of Recommendations from the last Care Inspection dated 8 October 2014.

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 14.2</b> <b>Stated: Second time</b>	Contact health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room.  Any recommendations made should be addressed and records retained.	Not Met
	<b>Action taken as confirmed during the inspection:</b> Mr Grimason confirmed that he had contacted Health Estates however the recommendations made had not been addressed. This recommendation has not been met and is now stated as a requirement.	
<b>Recommendation 2</b>  <b>Ref: Standard 13</b> <b>Stated: Second time</b>	Unwrapped dental burrs which have not been used within the working day on which they were processed should be reprocessed.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Grimason and staff confirmed that this recommendation had been addressed.	
<b>Recommendation 3</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	Establish a refurbishment programme to ensure that flooring in the surgeries is impervious, easy to clean and coved/sealed at the edges.	Not Met
	<b>Action taken as confirmed during the inspection:</b> Mr Grimason confirmed that this recommendation has not been addressed.  This recommendation has not been met and is stated for a second time.	
<b>Recommendation 4</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	The plugs should be removed and any overflows on any dedicated stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.	Not Met
	<b>Action taken as confirmed during the inspection:</b>	

	<p>Mr Grimason confirmed that this recommendation has not been addressed.</p> <p>This recommendation has not been met and is stated for a second time.</p>	
<b>Recommendation 5</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>As identified in the legionella risk assessment records of water temperatures should be retained.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of documentation and discussion with Mr Grimason confirmed that this recommendation had been addressed.</p>	<b>Met</b>
<b>Recommendation 6</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>Ensure all staff are removing their Personal Protective Equipment prior to leaving the surgery.</p> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with Mr Grimason and staff confirmed that this recommendation had been addressed.</p>	<b>Met</b>
<b>Recommendation 7</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>Records of the daily Automatic Control Test undertaken on the steriliser should be transferred from the paper print outs to the log book and the weekly tests should be recorded.</p> <p>The dates of the weekly and monthly checks for the washer disinfectant should be recorded.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of documentation and discussion with Mr Grimason and staff confirmed that this recommendation had been addressed.</p>	<b>Met</b>
<b>Recommendation 8</b>  <b>Ref: Standard 9</b> <b>Stated: First time</b>	<p>A patient satisfaction survey should be undertaken on a least an annual basis.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of documentation and discussion with Mr Grimason confirmed that this recommendation had been addressed.</p>	<b>Met</b>

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Grimason 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 Grimason 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of an automated external defibrillator (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 Mr Grimason 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. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Grimason 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 Grimason 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 within the practice 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 Grimason and staff demonstrated a good knowledge and understanding of the core values that underpin 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

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

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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.

The practice has not employed any new staff since registration with RQIA.

One personnel file of a staff member was examined. Mr Grimason is aware of his responsibilities in terms of staff recruitment which would include ensuring the following are in place prior to the commencement of employment:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to 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 of physical and mental health;
- 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.

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 review of the records and discussion with Mr Grimason confirmed that contracts of employment and job descriptions were in place for staff.

Induction programmes are in place relevant to specific roles and would be completed when new staff join the practice.

Staff confirmed on the returned questionnaires that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

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

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three 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 responses also 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.

The pre-inspection documentation returned from Mr Grimason 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. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

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

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Peter Grimason, registered provider, 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](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(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

<b>Requirement 1</b>	The registered person must address the recommendations made by Health Estates in regard to the ventilation system in the decontamination room.
<b>Ref: Regulation 25(b)</b>	
<b>Stated: First time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>
<b>To be Completed by:</b>	
<b>14 December 2015</b>	<p>FOLLOWING A MEETING WITH MR KIERON MONAGHAN ON 23.11.15 AND TAKING HIS RECOMMENDATIONS IN MIND I HAVE BEEN IN CONTACT WITH ELECTRICAL ENGINEER AND THE VENTILLATION SYSTEM SHOULD BE IN PLACE BY THE END OF THIS YEAR.</p>

### Recommendations

<b>Recommendation 1</b>	Establish a refurbishment programme to ensure that flooring in the surgeries is impervious, easy to clean and coved/sealed at the edges.
<b>Ref: Standard 13</b>	
<b>Stated: Second time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>
<b>To be Completed by:</b>	
<b>14 December 2015</b>	<p>AS ABOVE. I HAVE BEEN IN CONTACT WITH SPENCE FLOORING AND A NEW FLOORING IS TO BE INSTALLED BY THE END OF THE YEAR.</p>
<b>Recommendation 2</b>	The plugs should be removed and any overflows on any dedicated stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.
<b>Ref: Standard 13</b>	
<b>Stated: Second time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>
<b>To be Completed by:</b>	
<b>14 December 2015</b>	<p>THE PLUG HAS BEEN REMOVED AND A PLUMBER CONTRACTED TO SEAL OVERFLOW. THIS WILL BE CARRIED OUT BY THE END OF THE YEAR.</p>

<b>Recommendation 3</b>  <b>Ref: Standard 12.4</b> <b>Stated: First time</b>	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.		
<b>To be Completed by:</b> <b>14 November 2015</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> FOLLOWING DISCUSSION WITH DPL I WAS ADVISED I WOULD REQUIRE AN AED FOR THE PRACTICE. THIS HAS SUBSEQUENTLY BEEN PURCHASED. AND A TRAINING SESSION GIVEN. FROM SIMUCARE.		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	11/12/15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	11/12/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	23/12/15

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