



The **Regulation** and  
**Quality Improvement**  
Authority

Portstewart Family Dental - PFD (NI) Ltd  
RQIA ID: 11660  
6A Lever Road  
Portstewart  
BT55 7EF

Inspector: Emily Campbell  
Inspection ID: IN024128

Tel: 028 7083 2798

**Announced Care Inspection  
of  
Portstewart Family Dental - PFD (NI) Ltd**

**01 March 2016**

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 1 March 2016 from 10.00 to 12.35. On the day of the inspection the management of medical emergencies and recruitment and selection were generally found to be safe, effective and compassionate. 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 29 January 2016.

### 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	1

The details of the QIP within this report were discussed with Mrs Michelle King, 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> Mrs Michele King	<b>Registered Manager:</b> Mrs Michele King
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Michele King	<b>Date Manager Registered:</b> 15 September 2014
<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 Mrs King, registered person and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, 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 unannounced care inspection dated 29 January 2016. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 29 January 2016

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> First time	The registered person must ensure that the DAC Universal logbook is further developed to include the appropriate daily and weekly periodic tests for a washer disinfectant. This should include a weekly protein residue test.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the DAC Universal logbook evidenced that it had been further developed to include the daily and weekly periodic tests of a washer disinfectant with the exception of the daily cleaning efficacy test. Discussion with a dental nurse confirmed that a daily cleaning efficacy test was being undertaken. The DAC Universal logbook was amended during the inspection to include the cleaning efficacy test.	
Last Inspection Recommendations		
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> First time	Fire safety records should be retained in the practice and be available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire safety records were available for inspection and Mrs King confirmed these would be retained in the practice at all times.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	Records pertaining to staff recruitment must be retained in the practice and be available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations made confirmed that staff personnel files, including records pertaining to recruitment, are now retained in a locked cabinet in the office of the practice.	



<b>Recommendation 3</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	Staff finger nails should be maintained short and jewellery should not be worn in keeping with good infection prevention and control practice.  <b>Action taken as confirmed during the inspection:</b> Observations made evidenced that staff had short finger nails and were not wearing jewellery.	<b>Met</b>
<b>Recommendation 4</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	More attention to detail should be paid in relation to the cleaning of the toilet facility and a pedal operated waste bin should be provided.  <b>Action taken as confirmed during the inspection:</b> Observations made evidenced that the toilet facility was clean and tidy and a pedal operated bin was provided. A daily cleaning record has been established and was on display in the facility which was signed by staff to confirm it had been cleaned.	

### 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). The glucagon medication is retained in the fridge and weekly fridge temperatures are retained to confirm the drug is maintained within the recommended temperature range of 2–8 degrees Celsius. A recommendation was made that fridge temperatures should be undertaken and recorded on a daily basis. The format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs King was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of a self-inflating bag with reservoir suitable for use with a child. Confirmation of the order for this was received by email on the afternoon of the inspection.

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 Mrs King 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 generally found to be safe.

### **Is Care Effective?**

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mrs King 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.

Mrs King and staff confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with Mrs King confirmed this was managed appropriately, however, notification of the incident had not been provided to RQIA. Statutory notification of incidents to RQIA was discussed with Mrs King who confirmed she is now aware of the circumstances when RQIA should be notified of incidents. A notification was submitted to RQIA retrospectively in respect of this incident on the afternoon of the 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 Mrs King 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**

Fridge temperatures should be undertaken and recorded on a daily basis to evidence that the glucagon medication is maintained within the recommended temperature range of 2–8 degrees Celsius.

<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. The policy was comprehensive and reflected best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph
- 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.

Enhanced AccessNI checks were undertaken in respect of the staff whose personnel files were reviewed. However, these were not received until after the commencement of employment. A requirement was made in this regard.

A staff register was developed during the inspection, 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 King is aware this is a live document which should be kept updated.

Mrs King 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 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, registrations and references are bona fide. As discussed, a requirement was made that enhanced AccessNI checks must be received prior to the commencement of employment.

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

Induction programme templates are in place relevant to specific roles within the practice. A sample of two 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 Mrs King and 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 Mrs King and 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**

Enhanced AccessNI checks must be undertaken and received prior to the commencement of any new staff recruited.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</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 King, registered person and three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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.



The following comments were provided in questionnaires submitted:

- "We provide a very high care of services to our patients."
- "The practice always strives to achieve best practice in all aspects of patient care."

### 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

### 5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

The most recent patient satisfaction report demonstrated that the practice seeks the views of patients about the quality of treatment and other services provided. The summary report did not identify the number of patients who participated in the survey and on discussion it was identified that there was a limited response from patients. Ways in which a more proactive approach could be taken to obtain the views of patients was discussed with Mrs King. Mrs King confirmed that the number of patients who participate in future surveys will be included in the summary report.

## 6.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Michele King, 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.

## 5.6 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.

## 5.7 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.

## 5.8 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>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be Completed by:</b> 1 March 2016	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of any new staff recruited.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <i>The policy and procedures have been updated to ensure AccessNI checks are undertaken, received and checked prior to commencement of employment of any new staff.</i></p>
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### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 March 2016	<p>Fridge temperatures should be undertaken and recorded on a daily basis to evidence that the glucagon medication is maintained within the recommended temperature range of 2–8 degrees Celsius.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <i>Fridge temperatures are now taken daily instead of weekly and recorded accordingly.</i></p>
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Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
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	Emily Campbell	Date Approved	6.4.16
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