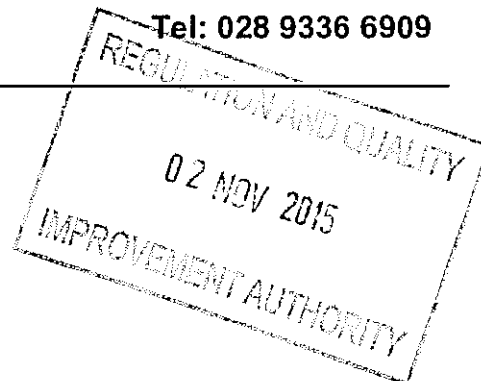


The Regulation and
Quality Improvement
Authority

Radiance Oral Healthcare
RQIA ID: 11669
19 St Brides Street
Carrickfergus
BT38 8AF

Inspector: Carmel McKeegan
Inspection ID: IN022821

Tel: 028 9336 6909



**Announced Care Inspection
of
Radiance Oral Healthcare**

24 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 24 September 2015 from 10.30 to 11.45. Overall on the day of the inspection the management of medical emergencies were found to be safe, effective and compassionate. 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. 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 21 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	5

The details of the QIP within this report were discussed with Mr Trevor Buchanan, 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 Trevor Buchanan	Registered Manager: Mr Trevor Buchanan
Person in Charge of the Practice at the Time of Inspection: Mr Trevor Buchanan	Date Manager Registered: 21 December 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:

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

During the inspection the inspector met with Mr Buchanan, registered person, the practice manager and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 21 May 2014 and follow-up inspections dated 5 and 13 June 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 21 May 2014 and Follow-up Inspections 5 and 13 June 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2)(b) Stated: Second time	The steriliser must be maintained and validated in line with the manufacturer's instructions with records retained for inspection.	Met
	Action taken as confirmed during the inspection: A validation certificate was in place to confirm the steriliser had been validated on 10 September 2015.	

<p>Requirement 2</p> <p>Ref: Regulation 25(2)(d)</p> <p>Stated: Second time</p>	<p>Routine safety checks to the gas equipment and installation including distribution pipework must be carried out on an annual basis and gas cylinders must be stored securely.</p> <p>Safety checks should be carried out by a suitably qualified and competent person and written confirmation of safety checks should be retained for inspection.</p> <p>Action taken as confirmed during the inspection: Mr Buchanan confirmed that inhalation sedation is no longer provided in the practice and the gas equipment has been decommissioned.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 25 (2)(b)</p> <p>Stated: First time</p>	<p>The system of draining the portable spittoon into the sink in the ground floor surgery must be reviewed to ensure that all amalgam waste is appropriately disposed of and a dedicated hand wash basin provided.</p> <p>Action taken as confirmed during the inspection: Observation of the ground floor surgery confirmed that a funnel spittoon is provided and attached to the suction unit. All waste now goes through the suction unit. The sink in this surgery is now dedicated for hand washing.</p>	<p>Met</p>

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: Third time	The log book for the steam steriliser should be further developed and contain the following information; <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • annual service/validation certification; • fault history; • records to show staff have been trained in the correct use of the machine; • relevant contacts e.g. service engineer 	Met
	Action taken as confirmed during the inspection: Observation of steriliser log books confirmed the identified information is provided and log books are kept up to date.	
Recommendation 2 Ref: Standard 13 Stated: First time	The policy and procedure for cleaning and maintaining the environment should be further developed to include the arrangements for the cleaning of the general areas in the practice.	Met
	Action taken as confirmed during the inspection: A dedicated cleaning log book is now in place and includes detail of cleaning schedules for each area within the dental practice.	
Recommendation 3 Ref: Standard 13 Stated: First time	Establish a refurbishment plan to replace the current tongue and groove flooring in the dental surgeries. The new flooring should be impervious and coved/sealed at the edges.	Partially Met
	Action taken as confirmed during the inspection: Discussion with Mr Buchanan confirmed that quotes have been obtained for replacement flooring and replacement flooring would comply with HTM 01-05 guidance. Although quotes have been received Mr Buchanan confirmed that works have not been scheduled.	

Recommendation 4 Ref: Standard 13 Stated: First time	<p>The dental chair in the first floor surgery should be re-upholstered.</p> <p>Action taken as confirmed during the inspection: The dental chair in the first floor surgery has not yet been re-upholstered. Mr Buchanan stated that due to the age of the chair and the cost of recovering the dental chair he is considering replacing the chair with a new dental chair. The inspector advised that should a new chair be installed, flooring in the surgery should also be addressed at same time.</p> <p>This recommendation is not yet addressed and is therefore stated for second time.</p>	<p>Not Met</p>
Recommendation 5 Ref: Standard 13 Stated: First time	<p>Separate colour coded mops should be used for:</p> <ul style="list-style-type: none"> • clinical and decontamination areas • general areas; and • toilet facilities <p>Action taken as confirmed during the inspection: Separate colour coded cleaning mops are in place as recommended.</p>	<p>Met</p>
Recommendation 6 Ref: Standard 13 Stated: First time	<p>The hand wash sink in the first floor surgery should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Observation of the first floor surgery confirmed that the over flow has been blanked off as recommended.</p>	<p>Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Buchanan 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 Buchanan 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. 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 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 Buchanan 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 Buchanan 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 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
--------------------------------	----------	-----------------------------------	----------

5.4 Recruitment and selection

Is Care Safe?

Discussion with Mr Buchanan and the practice manager confirmed that a written recruitment and selection policy and procedure had not yet been developed. 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. A recruitment check list was shared with Mr Buchanan as an aide memoire for the recruitment of staff.

Two 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 prior to commencement of 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.

A criminal conviction declaration made by applicants had not been provided; discussion with Mr Buchanan and the practice manager demonstrated that they had believed that the AccessNI enhanced disclosure covered this area. Advice was provided and Mr Buchanan and the practice manager were referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which states the information required in respect of employees.

Mr Buchanan confirmed that in previous years, verbal references had been obtained for each staff member; however written references will be sought for all future staff appointments.

Review of the both personnel records confirmed that an AccessNI enhanced disclosure had been obtained for each staff member and that the original AccessNI disclosure certificates were retained in the practice, disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

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 date of leaving.

Mr Buchanan 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?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

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 Mr Buchanan confirmed that staff 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.

Overall on the day of the inspection it was identified that some improvement was needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Mr Buchanan confirmed that recruitment and selection procedure would be developed in accordance with 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

A recruitment and selection policy should be established as outlined.

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Access NI disclosure certificates should be handled in keeping with best practice guidance.

Number of Requirements:	0	Number of Recommendations:	3
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Buchanan, registered person, the practice manager and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Trevor Buchanan, registered person and the 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/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

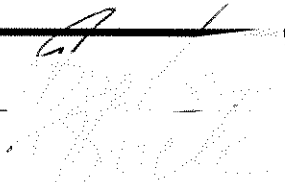
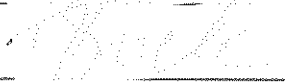
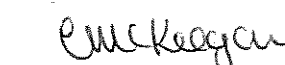
This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

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	
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 24 December 2015	<p>Establish a refurbishment plan to replace the current tongue and groove flooring in the dental surgeries. The new flooring should be impervious and coved/sealed at the edges.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Flooring was replaced prior to date of inspection New impervious + coved Surgery floors were fitted on the 18th September.</p>
Recommendation 2 Ref: Standard 13 Stated: Second time To be Completed by: 24 December 2015	<p>The dental chair in the first floor surgery should be re-upholstered.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Arrangement are being made to replace the dental chair rather than re-upholster.</p>
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 24 October 2015	<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>Recruitment + Selection policies have been put in place for all new members of Staff, to include all of the above.</p>

Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 24 October 2015	It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Response by Registered Person(s) Detailing the Actions Taken: New policies + protocols have been written in relation to Staff personnel files		
Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 24 October 2015	It is recommended that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome. Response by Registered Person(s) Detailing the Actions Taken: Current Staff pending Access NI checks. protocol for new Staff.		
Registered Manager Completing QIP		Date Completed	28/10/15
Registered Person Approving QIP		Date Approved	28/10/15.
RQIA Inspector Assessing Response		Date Approved	2.11.15.

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address