



The Regulation and
Quality Improvement
Authority

Radiant Dentistry
RQIA ID: 11671
41A Belmore Street
Enniskillen
BT74 6AA

Inspector: Stephen O'Connor
Inspection ID: IN022371

Tel: 028 6634 0005

**Announced Care Inspection
of
Radiant Dentistry**

29 July 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 29 July 2015 from 09:55 to 11:50. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally 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 22 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	1	3

The details of the QIP within this report were discussed with the Mr James Pattison, 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 James Pattison	Registered Manager: Mr James Pattison
Person in Charge of the Practice at the Time of Inspection: Mr James Pattison	Date Manager Registered: 07 December 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

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

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

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

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

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

During the inspection the inspector met with Mr Pattison, 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 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 22 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 22 May 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p>	<p>Relevant periodic tests for the DAC Universal, washer disinfectant and sterilisers should be carried out and recorded in the logbooks as outlined in HTM 01-05:</p> <ul style="list-style-type: none"> • The washer disinfectant logbook needs further developed to include the details of the machine, serial number, date of commission etc. and a fault history record. • The protein residue test and soil test for the washer disinfectant are carried out alternately on a weekly basis; these should be done on a weekly and monthly basis respectively. • The periodic test sheets for the washer disinfectant should be reviewed to ensure the tests and checks are undertaken as outlined in HTM 01-05 and results recorded. • The periodic testing sheets for the DAC Universal and sterilisers need to be further developed to facilitate the recording of the daily automatic control test (ACT) and a fault history should be included in each logbook. • A daily ACT should be undertaken and recorded for the DAC Universal and sterilisers. • A weekly protein residue test should be undertaken and recorded for the DAC Universal. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Separate files have been established for each machine used to decontaminate instruments. Each file includes templates to record all information as outlined in HTM 01-05. Review of documentation demonstrated that periodic tests are undertaken in keeping with HTM 01-05 for each of the machines used.</p>	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly.	Met
	Action taken as confirmed during the inspection: It was observed that the sharps boxes in surgery three and the decontamination room were signed and dated on assembly.	
Recommendation 2 Ref: Standard 13 Stated: First time	Review the flooring in all surgeries to ensure that the flooring is sealed at the edges.	Met
	Action taken as confirmed during the inspection: It was observed that the flooring in surgery one and three has been sealed where it meets the skirting boards and kicker boards of the cabinetry.	

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr Pattison and staff demonstrated 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), and that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that Glucagon medication was stored in a fridge and review of documentation demonstrated that fridge temperatures are monitored on a monthly basis. If stored in a fridge, a record should be retained of daily fridge temperatures when the practice is open to demonstrate that the medicine has been stored between 2 and 8 degrees Celsius as recommended by the manufacturer. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. It was observed that the format of Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr Pattison was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

A 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.

It was observed that two of the five sizes of oropharyngeal airways were available as recommended by the Resuscitation Council (UK). However both airways had exceeded their expiry dates. This was discussed with Mr Pattison who readily agreed to replace the airways.

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 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 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 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

Glucagon medication should be stored in accordance with the manufacturer's guidance.

Oropharyngeal airways should be provided in the different sizes as recommended by the Resuscitation Council (UK) guidelines. The expiry dates of all emergency equipment (where applicable) should be included in the monthly checking procedure.

Number of Requirements:	0	Number of Recommendations:	2
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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. A minor amendment was made to the recruitment policy by Mr Pattison during the inspection.

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

Personnel files reviewed did not contain a criminal conviction declaration. This was discussed with Mr Pattison who readily agreed that criminal conviction declarations by applicants would be obtained in the future.

The arrangements for AccessNI checks were reviewed. In one of the files reviewed it was identified that an enhanced AccessNI check was received prior to the staff member commencing work, and in the other file it was identified that a basic AccessNI check was received three weeks after the staff member commenced work. It was also observed that the original AccessNI checks were retained. The storage of disclosure information is not in keeping with the AccessNI code of practice.

A staff register containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable was established during the inspection. Mr Pattison is aware that this is a live document which should be updated.

Mr Pattison 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed above further development is needed in relation to AccessNI procedures and criminal conviction declarations to ensure that recruitment and selection procedures comply with all relevant legislation.

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 Pattison 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.

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

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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. As previously stated, review of two staff personnel files demonstrated that an enhanced AccessNI check was received prior to one staff member commencing work, however in respect of the second staff member a basic AccessNI check was received after they commenced work in the practice. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Pattison.

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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

An enhanced AccessNI check must be undertaken and received in respect of the identified staff member.

AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

AccessNI certificates must be handled in keeping with the AccessNI code of practice.

Staff personnel files for newly recruited staff should include a criminal conviction declaration as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	1	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Pattison, 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. 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.

A comment included in a questionnaire response is as follows:

- “We provide the highest quality of care and service to our patients”

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 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 Pattison, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to 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 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 19 (2)
Schedule 2

Stated: First time

To be Completed by:
29 August 2015

The registered person must address the following issues in relation to AccessNI checks:

- an enhanced AccessNI check must be undertaken and received in respect of the identified staff member;
- enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and
- accessNI disclosure certificates must be handled in keeping with the AccessNI code of practice.

Response by Registered Person Detailing the Actions Taken:

- Access NI check applied for the identified member of staff.
- Changes now in place to handle certificates in keeping with code of practice.
- Recruitment policy reviewed to ensure access NI checks carried out prior to employment.

Recommendations

Recommendation 1

Ref: Standard 12.4

Stated: First time

To be Completed by:
05 August 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:

Changes implemented.

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<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 29 August 2015</p>	<p>It is recommended that oropharyngeal airways should be provided in the different sizes as recommended by the Resuscitation Council (UK) guidelines. The expiry dates of all emergency equipment (where applicable) should be included in the monthly checking procedure.</p> <p>Response by Registered Person Detailing the Actions Taken:</p> <p>airways now purchased . & dates checked .</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 29 July 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff should include a criminal conviction declaration as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by Registered Person Detailing the Actions Taken:</p> <p>Changes implemented .</p>

Registered Manager Completing QIP	J. P. [Signature]	Date Completed	25/8/15
Registered Person Approving QIP	J. P. [Signature]	Date Approved	25/8/15
RQIA Inspector Assessing Response	STEPHEN O'CONNOR	Date Approved	28/8/15

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