



The Regulation and
Quality Improvement
Authority

Robinson & Associates Dental Practice
RQIA ID: 11674
5 Castle Place
Strabane
BT82 8AW

Inspector: Norma Munn
Inspection ID: IN023404

Tel: 028 7138 2875

**Announced Care Inspection
of
Robinson & Associates Dental Practice**

16 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 16 December 2015 from 09.50 to 13.30. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. One area in relation to infection prevention and control was identified and 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 18 March 2015.

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	4

The details of the QIP within this report were discussed with Mr Robinson, registered person, and Mrs Elaine Lyttle, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Graham Robinson	Registered Manager: Mr Graham Robinson
Person in Charge of the Practice at the Time of Inspection: Mr Graham Robinson	Date Manager Registered: 14 May 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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 Robinson, registered person, Mrs Elaine Lytle, practice manager, one associate dentist and two dental nurses. .

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, one contract of employment and the process for obtaining 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 18 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 18 March 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: Second time</p>	<p>Dental hand pieces should be decontaminated in line with the manufacturer's instructions and any hand pieces which are compatible with the washer disinfector should be decontaminated using this process.</p> <p>Action taken as confirmed during the inspection: Mr Robinson and one dental nurse confirmed that all compatible dental hand pieces are processed through the washer disinfector within the decontamination process.</p>	Met
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The dental chair in surgery three should be reupholstered to provide an intact surface that can be effectively cleaned.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Robinson and Mrs Lyttle confirmed that this chair has been repaired and can be cleaned effectively.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The grouting of the tiled wall feature in surgery four should be sealed with an appropriate sealant to make it impervious.</p> <p>Action taken as confirmed during the inspection: Observation and discussion with Mr Robinson confirmed that the grouting had been sealed.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Overflows on stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Observation and discussion with Mr Robinson confirmed that the overflows in the hand washing basins had been blanked off.</p>	Met

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The following information should be included in the legionella risk assessment:</p> <ul style="list-style-type: none"> • the name and address of the practice/premises • the name and signature of whoever made the assessment • the date on which the assessment was made • reference to the guide by which the assessor referred to in order to make the assessment, e.g. Legionnaires' disease: The control of legionella bacteria in water systems. Approved Code of Practice L8. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a revised legionella risk assessment evidenced that this recommendation has been met.</p>		

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Robinson 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 Robinson 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). The Glucagon medication was stored out of the fridge and a revised expiry date had not been recorded. Mr Robinson was advised that if Glucagon is 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. The expiry date was revised during the inspection. The format of buccal Midazolam is not the format recommended by the Health and Social Care Board (HSCB). Mr Robinson was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes.

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 and mask suitable for use with children. The self-inflating bag and mask were ordered on the day of the inspection. An automated external defibrillator (AED) was not available in the practice. The practice does have access to an AED in close proximity. Mr Robinson confirmed that the AED could be accessed in a timely manner and the practice has incorporated the use of this AED within their emergency procedures.

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.

Discussion with Mr Robinson 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 Robinson 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 Robinson 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
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy did not include reference to AccessNI checks, pre-employment health checks or written references and needs further development to reflect best practice guidance. A recommendation has been made.

The personnel file of one member of staff recruited since registration with RQIA was 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
- 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

The file reviewed did not contain a criminal conviction declaration made by the applicant. This was discussed with Mr Robinson and Mrs Lyttle and a recommendation has been made.

A staff register was developed on the day of 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 Lyttle 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?

The dental service's recruitment and selection procedures comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed a criminal conviction declaration should be obtained.

Discussion with Mr Robinson, Mrs Lyttle and staff confirmed that staff have been provided with a job description and have received induction training when they commenced work in the practice. One personnel file reviewed included a contract of employment/agreement and job description. However, Mr Robinson confirmed that the associate dentists had not been provided with contracts of employment/agreements. Mr Robinson readily agreed to ensure that all staff have a contract/agreement in place. A recommendation has been made.

Induction programme templates are in place relevant to specific roles within 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 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

The recruitment policy should be developed in line with legislative and best practice guidance.

A criminal conviction declaration should be obtained and retained in staff personnel files.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts should be retained in the personnel files of any new staff recruited.

Number of Requirements:	0	Number of Recommendations:	3
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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 Robinson, registered person, Mrs Lyttle, practice manager, one associate dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Twelve were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that not all staff have been provided with a job description and contract of employment/agreement on commencing work in the practice. This was discussed with Mr Robinson and Mrs Lyttle. Staff 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.

5.5.4 Environment

Discussion with Mr Robinson and observation of the environment in surgery one identified areas in relation to infection, prevention and control that need to be addressed to include replacing the flooring and reupholstering the fabric covered sofas and torn dental chair. In general, fixtures and fittings and equipment were observed to be free from damage, dust and visible dirt. Mr Robinson is aware that the environment does not comply with the recommendations made in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). Mr Robinson intends to completely refurbish his surgery to include new flooring, cabinetry and a dental chair. The plans were reviewed during the inspection.

The refurbishment plan should be progressed/developed to refurbish surgery one to include the following:

- flooring should be impervious and easy to clean
- flooring should be coved at the edges and sealed where cabinetry meets the flooring
- re-upholster the dental chair to provide an intact surface that can be effectively cleaned
- re-upholster fabric covered sofas with material easy to clean

A recommendation has been made.

Areas for Improvement

The refurbishment plan should be progressed/developed to refurbish surgery one to comply with HTM 01-05.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Robinson, registered person, and Mrs Lyttle, 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

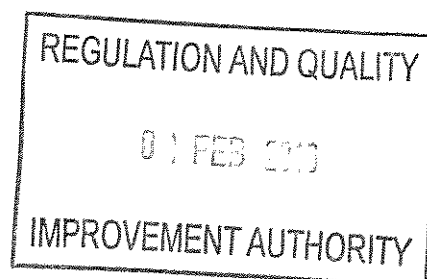
This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.




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 **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	
Recommendations	
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 16 March 2016	The recruitment policy should be developed in line with legislative and best practice guidance. Response by Registered Person(s) Detailing the Actions Taken: THE RECRUITMENT POLICY HAS BEEN FURTHER DEVELOPED IN LINE WITH RECOMMENDATIONS MADE
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 16 January 2016	A criminal conviction declaration should be obtained for new staff commencing employment and retained in staff personnel files. Response by Registered Person(s) Detailing the Actions Taken: A CRIMINAL CONVICTION DECLARATION PRO FORMA HAS BEEN DEVELOPED - TO BE SIGNED BY ANY NEW STAFF COMMENCING EMPLOYMENT
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 16 February 2016	All staff who work in the practice, including self-employed staff, should be provided with a contract/agreement. Records of contracts/agreements should be retained in the personnel files of any new staff recruited. Response by Registered Person(s) Detailing the Actions Taken: ALL STAFF HAVE BEEN PROVIDED WITH A CONTRACT/AGREEMENT & RECORDS WILL BE RETAINED AS RECOMMENDED



<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be Completed by: 16 March 2016</p>	<p>The refurbishment plan should be progressed/developed to refurbish surgery one to include the following:</p> <ul style="list-style-type: none"> • flooring should be impervious and easy to clean • flooring should be covered at the edges and sealed where cabinetry meets the flooring • re-upholster the dental chair to provide an intact surface that can be effectively cleaned • re-upholster fabric covered sofas with material easy to clean <p>Response by Registered Person(s) Detailing the Actions Taken: PLANS ARE IN PROGRESS FOR REFURBISHMENT OF SURGERY ONE AS RECOMMENDED</p>		
Registered Manager Completing QIP		Date Completed	28/1/16
Registered Person Approving QIP		Date Approved	28/1/16
RQIA Inspector Assessing Response		Date Approved	11/2/16

**Please ensure this document is completed in full and returned to RQIA's office **