



The Regulation and
Quality Improvement
Authority

Lisburn Dental Clinic
RQIA ID: 11690
33 Bachelor's Walk
Lisburn
BT28 1XN

Inspector: Carmel McKeegan
Inspection ID: IN024012

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**Announced Care Inspection
of
Lisburn Dental Clinic**

10 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 10 March 2016 from 10.30 to 12.00. 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 14 October 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	2

The details of the QIP within this report were discussed with Mr David Hanna, 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 David Hanna	Registered Manager: Mr David Hanna
Person in Charge of the Practice at the Time of Inspection: Mr David Hanna	Date Manager Registered: 13 September 2011
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 Hanna, registered person and two dental nurses who also undertake reception duties.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and the arrangements to review 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 14 October 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 14 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: Second time	All reusable dental instruments; manufacturer's instruction permitting should be cleaned in the washer disinfectant. Compatible dental handpieces must be processed through the washer disinfectant as part of the decontamination process.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Hanna and staff confirmed that all compatible reusable dental instruments, including dental hand pieces are processed in the washer disinfectant.	

<p>Requirement 2</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>Patient satisfaction surveys should be completed at least on an annual basis as part of the quality assurance process.</p> <p>On completion of the patient satisfaction surveys a report of the findings must be produced and made available to patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A copy of the patient satisfaction survey report undertaken in November 2015 was provided to RQIA prior to the inspection. Mr Hanna and staff confirmed that the report is available at reception for patients.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</p>	<p>The following issues in relation to the administration of emergency medications must be addressed:</p> <ul style="list-style-type: none"> • ensure all medications retained for use in a medical emergency are retained in date • replace emergency medicines that have exceeded their expiry dates • implement a robust system to check expiry dates of all emergency medicines and • ensure Glucagon is stored in accordance with the manufacturer's instructions <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). Glucagon was observed to be stored in accordance with the manufacturer's instructions.</p> <p>However, it was noted that Buccal Midazolam had exceeded the expiry date. It was observed that the format of Buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that the Buccal Midazolam should be replaced with Buccolam pre-filled syringes as recommended by HSCB. Later on the day of the inspection RQIA received an electronic mail from Mr Hanna which provided written and photographic verification that Buccolam in pre-filled syringe format was in place in the dental practice.</p> <p>This requirement is partially met, the following elements are now stated for a second time;</p>	<p>Partially Met</p>

	<ul style="list-style-type: none"> ensure all medications retained for use in a medical emergency are retained in date implement a robust system to check expiry dates of all emergency medicines 	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard13 Stated: First time	<p>In keeping with best practice guidance the details of the daily automatic control test (ACT) must be undertaken and recorded for both steam sterilisers in the machine logbooks.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Hanna and staff confirmed that since the previous inspection the Statim steriliser has been removed from the decontamination room. Review of the steam steriliser log book confirmed that the ACT is undertaken and recorded as recommended.</p>	Met
Recommendation 2 Ref: Standard 8.3 Stated: First time	<p>Review the radiation protection advisor (RPA) critical examination report, dated the 16 June 2013 and ensure that all recommendations made in the report have been addressed. Written confirmation of actions taken to address these recommendations must be retained.</p> <p>Action taken as confirmed during the inspection: Review of the RPA critical examination report verified that written confirmation was made to evidence that all of the recommendations made had been addressed.</p>	Met
Recommendation 3 Ref: Standard 13 Stated: First time	<p>A blood spillage kit must be provided and staff trained on its use.</p> <p>Action taken as confirmed during the inspection: A Bodily Fluid Disposal Kit was provided in the practice and the procedure for dealing with a bodily fluid spillage had been updated to reflect this arrangement. Full instructions on how to use the kit are provided and have been shared with all persons working in the practice.</p>	Met

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The following issues in relation to sharps containers must be addressed:</p> <ul style="list-style-type: none"> • sharps containers must be signed and dated on assembly and • ensure that the sharps containers provided are in keeping with PEL (13)14 issued by the Department of Health on 18 October 2013 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the sharps containers provided in the dental surgeries confirmed that sharps containers were signed and dated on assembly and were provided in accordance with PEL (13)14 issued by the Department of Health on 18 October 2013.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Further develop the legionella control measures to include monthly monitoring of hot and cold sentinel water temperatures, records must be retained for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A record of monthly monitoring of hot and cold sentinel water temperatures was retained and available for inspection.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Review the manufacturer's instructions and ensure that dental unit water lines (DUWLs) are disinfected in accordance with the instructions.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Hanna and staff confirmed that revised written protocols have been developed to ensure that DUWLs are managed in accordance with the manufacturer's instructions to treat water lines and reduce biofilm.</p>		

Recommendation 7 Ref: Standard 13 Stated: First time	The printer connected to the Statim steriliser must be repaired or alternative suitable arrangements established to record the cycle parameters of this machine. Records of cycle parameters must be retained for at least two years.	Met
Action taken as confirmed during the inspection: As previously stated the Statim steriliser has been removed from the decontamination room.		
Recommendation 8 Ref: Standard 13 Stated: First time	In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.	Met
Action taken as confirmed during the inspection: Records were available to verify that the IPS audit tool (2013 edition) has been undertaken in accordance with best practice guidance.		

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). However, as stated previously, it was noted that the Buccal Midazolam had exceeded the expiry date. It was observed that the format of Buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that the Buccal Midazolam should be replaced with Buccolam pre-filled syringes as recommended by HSCB. On the afternoon of the inspection RQIA received an electronic mail from Mr Hanna which provided written and photographic verification that Buccolam in pre-filled syringe format was in place in the dental practice.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice; however the oropharyngeal airways had exceeded their expiry dates. Mr Hanna ordered replacement oropharyngeal airways in sizes 0,1,2,3 and 4 during the inspection. Mr Hanna confirmed that emergency equipment items would be included in the monthly checking procedures.

There is an identified individual within the practice with responsibility for checking emergency medicines and a system was in place to ensure that emergency medicines do not exceed their expiry date. However, the checking processes should be reviewed to ensure that emergency medicines do not exceed their expiry date. A requirement had previously been made in this regard and is now stated for a second time.

Discussion with Mr Hanna 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 it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are safe.

Is Care Effective?

Written protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. However a policy for the management of medical emergencies had not been developed, advice and guidance was provided to Mr Hanna on how to develop this policy. A recommendation was made in this regard.

Discussion with Mr Hanna 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 Hanna 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 generally found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr Hanna 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

Ensure all medications retained for use in a medical emergency are retained in date, and implement a robust system to check expiry dates of all emergency medicines.

A policy on the management of medical emergencies should be provided in the dental practice.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

Review of the recruitment policy available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. Advice and guidance was provided and Mr Hanna was directed to Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation was made in this regard.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Hanna confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

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

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr Hanna 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 previously stated the dental service's recruitment and selection procedures are in need of further development to ensure compliance with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Mr Hanna confirmed that any new staff member would be provided with a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Hanna and staff 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 recruitment and selection procedures were generally found to be effective.

Is Care Compassionate?

As previously stated recruitment and selection procedures need further development to reflect Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with Mr Hanna 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 Mr Hanna 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

The recruitment and selection policy and procedures should be further developed to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Number of Requirements:	0	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 Hanna, registered person and two dental nurses who also undertake reception duties. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. One was returned to RQIA within the timescale required.

Review of the submitted questionnaire 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 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.

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 David Hanna, 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 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 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 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 15 (6)

Stated: Second time

To be Completed by:
10 March 2016

The following issues in relation to the administration of emergency medications must be addressed:

- ensure all medications retained for use in a medical emergency are retained in date
- implement a robust system to check expiry dates of all emergency medicines

Response by Registered Person(s) Detailing the Actions Taken:

Existing system updated and reinforced. Monthly checks made by receptionist and further spot checks by principal.

Recommendations

Recommendation 1

Ref: Standard 12.1

Stated: First time

To be Completed by:
10 April 2016

A policy on the management of medical emergencies should be provided in the dental practice.

The policy should include the training arrangements for staff, provision of emergency medication and emergency equipment, checking procedures; how to summon help, incident documentation and the arrangements for staff debriefing post incident.

Response by Registered Person(s) Detailing the Actions Taken:

New policy created on the management of medical emergencies. All staff updated, trained + signed off.

Recommendation 2

Ref: Standard 11.1

Stated: First time



To be Completed by:
10 April 2016

The recruitment and selection policy should be further developed to reflect best practice guidance to include;

- the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; two written 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.

Response by Registered Person(s) Detailing the Actions Taken:

A recruitment and selection policy now in place. Staff personnel files created documenting above information.

Registered Manager Completing QIP		Date Completed	14/4/16
Registered Person Approving QIP		Date Approved	14/4/16
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	18.4.16.

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address