

# Announced Variation to Registration Care Inspection Report 22 June 2016



## Northern Ireland Dental Care (Lisburn Road)

**Service type; Dental Service**

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**Inspector: Carmel Mc Keegan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced variation to registration inspection of Northern Ireland Dental Care (Lisburn Road) took place on 22 June 2016 from 10:00 to 11:30. Mr Colin Muldoon, estates inspector, undertook an estates inspection at the same time. The report and findings of the estates inspection will be issued under separate cover.

An application was submitted to RQIA by Mrs Anne Higgins and Mr David Mann, registered persons, to vary the current registration of Northern Ireland Dental Care (Lisburn Road). The practice was initially registered on 28 November 2013 and the application made was to increase the number of registered dental chairs from two to three. The purpose of this inspection was to review the readiness of the practice for the provision of private dental care and treatment associated with the application for registration of one additional dental chair.

The variation to registration application to increase the number of registered dental chairs from two to three was approved following this inspection.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Anne Higgins and Mr David Mann, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered persons;</b> Mrs Anne Higgins and Mr David Mann	<b>Registered manager:</b> Mrs Anne Higgins
<b>Persons in charge of the establishment at the time of inspection:</b> Mrs Anne Higgins and Mr David Mann	<b>Date manager registered:</b> 28 November 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2 increasing to 3 post inspection

## 3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted variation to registration application
- discussion with Mrs Anne Higgins and Mr David Mann, registered persons
- discussion with the practice manager and a dental nurse
- assessment of the environment
- review of documentation required by legislation and good practice and
- evaluation and feedback

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 9 September 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

#### 4.1.1 Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair and new staff recruited.

### 4.1.2 Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair and new staff recruited.

### 4.1.3 Recruitment of staff

Mrs Higgins and Mr Mann confirmed that due to the development of the third dental surgery, three new staff have been recruited since the previous inspection.

The personnel files for these staff were examined and were evidenced to include the following;

- positive proof of identity, including a recent photograph
- 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

Review of each staff file reviewed confirmed that an enhanced Access NI check was received after employment had commenced in each case, this was discussed with Mrs Higgins and Mr Mann. A requirement has been made to ensure that an Access NI enhanced disclosure check is completed prior to appointment for any staff member working in the practice. It was also noted that in relation to one staff member, the record did not clearly state the date the enhanced disclosure certificate was received or the outcome of the registered persons' consideration in this regard. This was discussed with Mrs Higgins and Mr Mann and a recommendation has been made.

One of the staff files contained only one written reference, the practice manager confirmed that the references had been requested from the staff member's two most recent employers however only one written reference had been received. The practice manager confirmed that a further written request for a written reference would be made and should this prove unsuccessful, a verbal reference would be pursued. The practice manager was aware of the need to keep a record of all correspondence regarding the recruitment process.

A criminal conviction declaration made by applicants had not been provided; discussion with Mrs Higgins and Mr Mann demonstrated that they had believed that the Access NI enhanced disclosure check covered this area. Advice was provided and Mrs Higgins and Mr Mann 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. A recommendation has been made to ensure 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.

#### 4.1.6 Environment

The third dental surgery is established in room which was a previous dental surgery that had not been operational for several years and therefore had not been registered with RQIA. Review of the third dental surgery evidenced that works have been completed to a good standard of maintenance and décor. New fixtures included new cabinetry, dental chair and x-ray equipment.

Some paint work had yet to be completed however the registered persons confirmed that a professional painter had been booked to make good the wall and ceiling surfaces to provide an intact surface which would facilitate effective cleaning.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Gavin Doherty, estates inspector, reviewed the environmental aspects of the practice and the associated risk assessments as part of his inspection. The estates inspection report will be issued under separate cover.

#### 4.1.4 Infection prevention and control/decontamination

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, the dental chair and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool and is completed six monthly. Records were retained in this regard.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

### 4.1.5 Radiology

A new intra-oral x-ray machine has been installed in the new surgery.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained, the file had been signed by all staff, including new staff, to confirm they had read the contents.

A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing in respect of the intra-oral x-ray machines.

Review of the radiation protection file evidenced that a critical examination of the new x-ray unit had been undertaken on 25 May 2016 by the appointed radiation protection advisor (RPA) and any recommendations made have been addressed. The local rules were on display and were signed by staff to confirm they have read and understood these.

### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Higgins and Mr David Mann, registered persons as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

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

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 June 2016	The registered persons must ensure that an enhanced AccessNI check is undertaken and received prior to any new staff, including self-employed staff, commencing work in the practice.  <b>Response by registered provider detailing the actions taken:</b> PROCEDURES CHANGED TO ENSURE THIS DOES NOT OCCUR AGAIN
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be completed by:</b> 22 July 2016	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.  <b>Response by registered provider detailing the actions taken:</b> SELF DECLARATION REGARDING CRIMINAL RECORDS PRIOR TO ACCESSNI APPLICATION NOW IMPLEMENTED

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 July 2016</p>	<p>Access NI enhanced disclosure certificates should be handled in keeping with the AccessNI code of practice and a record retained of;</p> <ul style="list-style-type: none"> <li>• the unique identification number</li> <li>• the date the check was applied for</li> <li>• the date the enhanced disclosure certificate was received and</li> <li>• the date and outcome of the registered persons' consideration in this regard</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>REGONS RECORDS AS OUTLINED ABOVE IS KEEPING WITH CODE OF PRACTICE.</p>
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