

**Announced Care Inspection  
of  
Armagh Dental Care**

**10 June 2015**

## 1. Summary of Inspection

An announced care inspection took place on 10 June 2015 from 11.30 to 13.00. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern.

The practice has been registered with RQIA as Armagh Dental Care; however, the signage outside the practice states the name of the practice as Clear Dental Armagh. This was discussed during the inspection as this may cause confusion for patients or interested bodies, particularly if they wish to review the RQIA reports about the practice. RQIA received an email on 25 June 2015 which stated that the responsible person, Mr Mark Tosh, wished to change the name of the practice to Clear Dental Armagh. This matter is being processed by the Registration team in RQIA.

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 7 July 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

The details of the QIP within this report were discussed with Mrs Margaret Parkes, senior receptionist, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Responsible person:</b> Dr Mark Tosh	<b>Registered Manager:</b> Mrs Roisin Donnelly
<b>Person in Charge of the Practice at the Time of Inspection:</b>  Mrs Margaret Parkes	<b>Date Manager Registered:</b> 17 July 2014
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 6

## 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 a dental nurse and a trainee dental nurse. Mrs Margaret Parkes, senior receptionist facilitated the inspection, in the absence of the registered manager who was on planned leave.

The following records were examined during the inspection: relevant policies and procedures, training records, three 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 7 July 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 7 July 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time	A summary report of the results of the consultation with patients should be made available for patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A summary report was provided to RQIA prior to the inspection. Discussion with Mrs Parkes confirmed that the summary report is provided at reception for all interested persons.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	Packaged instruments should record the appropriate expiry date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the dental nurse and observation in the decontamination room confirmed that the expiry date is provided on packaged instruments in accordance with HTM 01-05.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The practice should review the manufacturer's guidance and if recommended undertake and record the results of a soil test on the washer disinfectant.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the dental nurse and review of the washer disinfectant log book confirmed that a soil test is undertaken and recorded monthly.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>A system to identify which sterilisers are in use should be established or the automatic control test should be undertaken daily for each of the sterilisers in the decontamination room.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the layout of equipment verified that there were five sterilisers which were numbered, each machine had a corresponding separate numbered log book. Review of a sample of three log books confirmed that an automatic control test is undertaken daily for each machine and recorded. Discussion with the dental nurse confirmed that a robust system is in place to ensure that all periodic tests as stated in HTM 01-05 are undertaken and recorded.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p>	<p>Where dedicated hand washing sinks are identified in each surgery where possible the plug should be removed and overflow blanked by a stainless steel plate and sealed with antibacterial mastic.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of one dental surgery confirmed that the plug was removed and the overflow blanked off and sealed as recommended. Mrs Parkes confirmed that same action had been applied to all dedicated hand washing basins in the surgeries.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>	<p>The name of the individual identified as the Radiation Protection Supervisor following the change in management arrangements should be identified.</p> <p>They should then review the recommendation made by the RPA that rectangular collimation and beam aiming devices are used to optimise dose exposure.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the Radiation File confirmed that the Radiation Protection Supervisor for the practice is stated.</p>	<p><b>Met</b></p>

## 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of oropharyngeal airways and an automated external defibrillator (AED). Mrs Parkes stated that the Mr Tosh had advised that he intends to purchase an AED for the practice. RQIA received confirmation by email on 12 June 2015 that oropharyngeal airways in the sizes stated in the Resuscitation Council (UK) and an AED had been purchased.

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 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

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 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. Three 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;
- 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 on application;
- 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 qualifications and professional registration with the GDC, where applicable.

Mrs Parkes 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 found to be safe.

### Is Care Effective?

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Three 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 three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Parkes and staff confirmed that they 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 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. Mrs Parkes was aware of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work 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**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with Mrs Margaret Parkes, senior receptionist and a dental nurse and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Fourteen 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between the 1 January 2014 and the 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 the Regulation and Quality Improvement Authority (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.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Roisin Donnelly	<b>Date Completed</b>	14/07/2015
<b>Registered Person</b>	Mark Tosh	<b>Date Approved</b>	14/07/2015
<b>RQIA Inspector Assessing Response</b>	Lynn Long	<b>Date Approved</b>	20/07/2015

Please provide any additional comments or observations you may wish to make below:

NAD

*\*Please complete in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**

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.