

**Announced Care Inspection
of
Loughry Dental Practice**

20 April 2015

1. Summary of Inspection

An announced care inspection took place on 20 April 2015 from 9.50 to 11.25. Overall on the day of the inspection the practice was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. 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) Regulation 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 Care Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 3 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mr Adam Jeffers	Registered Manager: Mr Adam Jeffers
Person in Charge of the Practice at the Time of Inspection: Mr Adam Jeffers	Date Manager Registered: 17 November 2014
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1

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.

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 Previous Inspection

The previous inspection of the practice was a pre-registration inspection dated 3 October 2014 which was undertaken by a care inspector and an estates inspector. The inspection reports were issued under separate cover. The completed QIP of the estates report was returned and approved by the estates inspector.

The estates inspector confirmed that there are no areas which require to be followed up in relation to the estates inspection.

5.2 Review of Requirements and Recommendations from the Pre-registration Care Inspection dated 3 October 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 11.5 Stated: First time	The whistleblowing procedure should be further developed to inform staff of other agencies they may refer to, if staff do not wish to raise their concerns internally.	Met
	Action taken as confirmed during the inspection: Review of the whistleblowing procedure evidenced that it had been further developed as recommended.	
Recommendation 2 Ref: Standard 8 Stated: First time	Quality assurance systems and processes should be implemented to include: <ul style="list-style-type: none"> • Formal annual patient consultation; • Six monthly x-ray quality audits and annual x-ray justification and clinical evaluation recording audits; and • Six monthly HTM 01-05 audits. 	Met
	Action taken as confirmed during the inspection: A patient satisfaction survey was completed in March 2015 and a copy of the summary report was submitted to RQIA. Mr Jeffers confirmed that patient satisfaction surveys would be completed annually. The inspector observed that x-ray and HTM 01-05 audits have been undertaken within the required timeframes.	
Recommendation 3 Ref: Standard 13 Stated: First time	The 2013 edition of HTM 01-05 and the associated Professional Estates Letter (PEL) (13)13 should be downloaded and made available to staff.	Met
	The Infection Prevention Society (IPS) audit tool should be completed and action plan developed as necessary to ensure compliance with HTM 01-05. Action taken as confirmed during the inspection:	

	The 2013 edition of HTM 01-05 and the associated Professional Estates Letter (PEL) (13)13 was available in the practice for staff and HTM 01-05 audits completed.	
Recommendation 4 Ref: Standard 13 Stated: First time	<p>Cabinetry should be sealed where it meets the flooring in both the decontamination room and the dental surgery.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observations made of the decontamination room and dental surgery evidenced that this recommendation has been addressed.</p>	Met
Recommendation 5 Ref: Standard 12.4 Stated: First time	<p>Mr Jeffers should satisfy himself that the preparation of adrenaline provided is suitable to ensure that doses of 0.5ml, 0.3ml and 0.15ml can be accurately be administered to adults, children and infants respectively in accordance with the practices anaphylaxis management protocol.</p> <p>Oropharyngeal airways in sizes 0, 1, 2, 3 and 4 should be provided for use in the event of a medical emergency.</p> <p>Action taken as confirmed during the inspection:</p> <p>Mr Jeffers confirmed that he is satisfied with the current arrangements for the administration of adrenaline and demonstrated sound awareness of the actions to be taken in the event of anaphylaxis.</p> <p>Oropharyngeal airways in sizes 0, 1, 2, 3 and 4 are available.</p>	Met
Recommendation 6 Ref: Standard 8.3 Stated: First time	<p>The radiation protection advisor (RPA) report should be obtained and any recommendations made by the RPA should be actioned. Records should be retained confirming the actions taken.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of the radiation protection file evidenced the RPA report has been received and Mr Jeffers has recorded that the recommendations made have been addressed.</p>	Met

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 has also been provided. Mr Jeffers confirmed that training will be provided on an annual basis in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Jeffers 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. 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 Mr Jeffers and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall 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 Jeffers 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 Jeffers and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall 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 Mr Jeffers and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall 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

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

One staff member had been recruited on the establishment of this new dental practice which was registered with RQIA on 17 November 2014 and one staff member has been recruited since registration.

The two staff personnel files were examined and 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 qualification and professional registration with the GDC, where applicable.

Review of documentation evidenced that Mr Jeffers has appropriate professional indemnity in place.

Overall 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.

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. Induction programmes had been completed in respect of the two staff in the practice.

Discussion with the dental nurse and the receptionist 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.

Overall 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.

Discussion with Mr Jeffers 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 Jeffers and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

Overall 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.

Number of Requirements:	0	Number of Recommendations:	0
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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 Jeffers, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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 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.

The following comments were provided in submitted questionnaires:

- “I am grateful for the opportunity to work in the practice with a great team.”
- “I appreciate the opportunity to work in such a well run practice, with a great team and a modern facility.”

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. No complaints have been received since the practice was established in November 2014.

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.

Registered Manager	Mr Adam Jeffers	Date Completed	08/06/2015
Registered Person	Mr Adam Jeffers	Date Approved	08/06/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	8.6.15

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

None

Please complete in full and returned to 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.