



The Regulation and
Quality Improvement
Authority

Affinity Dental Care Ltd
RQIA ID: 11356
112 Moss Road
Lambeg
Lisburn
BT27 4NU

Inspector: Carmel McKeegan
Inspection ID: IN021278

Tel: 028 9260 5626

**Announced Care Inspection
of
Affinity Dental Care Ltd**

16 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 16 April 2015 from 10.30 to 12.00. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. The arrangements for recruitment and selection were found to be generally 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) 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 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 22 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
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with Mrs Lesley Payne, 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 Paul Thompson	Registered Manager: Mr Paul Thompson
Person in Charge of the Practice at the time of Inspection: Mr Paul Thompson	Date Manager Registered: 02 October 2014
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 briefly with Mr Thompson, registered person. The inspection was facilitated by Mrs Lesley Payne, practice manager, and the inspector met with two dental nurses, one of whom also undertakes reception duties.

The following records were examined during the inspection: relevant policies and procedures, training records, 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 an announced care inspection dated 22 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 22 July 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003	Where the restructuring of a business results in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity. As the practice is now registered as a limited company, a new application should be submitted and appropriate fees paid as a matter of urgency to register the practice as Affinity Dental Care Limited.	Met
	Action taken as confirmed during the inspection: An application was received by RQIA in respect of Affinity Dental Care Limited. The application was approved and the practice was re-registered on 02 October 2014.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13	The following issues in relation to sharps boxes should be addressed: <ul style="list-style-type: none"> • ensure sharps boxes are labelled on assembly; and • sharps boxes should not be on the floor of any dental surgery. 	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection confirmed that sharps boxes are labelled on assembly and housed within cupboards in the dental surgeries.	
Recommendation 2 Ref: Standard 13	Fabric covered chairs should be removed from all clinical areas.	Met
	Action taken as confirmed during the inspection: Mrs Payne confirmed that fabric chairs provided in dental surgeries were replaced. Observation of Mr Thompson's surgery, confirmed that chairs provided had cleanable, intact surfaces.	

Recommendation 3 Ref: Standard 13	Overflows in all dedicated hand washing basins should be blanked off using a stainless steel plate and sealing them with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: Mrs Payne confirmed that overflows of dedicated hand washing basins in surgeries had been addressed. Observation of dedicated hand washing basins in Mr Thompson's surgery confirmed that overflows of dedicated hand washing basins had been blanked off as recommended.	

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), 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 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 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.

Overall on the day of the inspection the arrangements for managing a medical emergency within the practice 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.

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 Recommendations:	0
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5.4 Recruitment and selection

Is Care Safe?

A recruitment policy and procedure was not available in the practice. A recruitment checklist template had been developed, and was available for inspection. Mrs Payne stated that this template would be completed as part of future staff recruitment and selection procedures.

Individual staff personnel files were retained in the practice however, Mrs Payne stated that staff recruitment records of staff employed in the practice were not available for inspection as these had recently been shredded during an office tidy up. The practice's responsibility for the retention of records was discussed with Mrs Payne. The registered person must be able to evidence that information required in respect of any individual seeking to work in the dental practice as stated in Schedule 2 of The Independent Health care Regulations (Northern Ireland) 2005, is available in respect of each employee.

The registered person must also ensure that all documentation relating to the recruitment process is retained in the practice for a period of three years.

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.

Mrs Payne 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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

The absence of robust recruitment and selection procedures does not ensure that all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

A contract of employment and job description was in place for each staff member and was available for inspection.

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

Discussion with staff confirmed that they have been provided with a job description, contract of employment 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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of relevant records for three staff members most recently recruited, confirmed that an enhanced Access NI check had been undertaken prior to each individual commencing employment, therefore minimising 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.

Overall on the day of the inspection recruitment and selection procedures were generally found to be compassionate.

Areas for Improvement

A record of all documentation relating to the recruitment process must be retained in the practice for three years.

Information required in respect of any individual seeking to work in the dental practice as stated in Schedule 2 of The Independent Health care Regulations (Northern Ireland) 2005, must be available in respect of each employee.

Develop recruitment and selection policies and procedures that include best practice guidance.

Number of Requirements	2	Number Recommendations:	1
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5.5 Additional Areas Examined

Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with the practice manager and two dental nurses one of whom also undertakes reception duties. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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.

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 01 January 2014 and 31 March 2015.

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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lesly Payne, 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/s 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 will be completed by the registered person/registered manager to 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 by the registered manager. 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(s) 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(s) 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: 19 (2) (d) Stated: First time	The registered person must be able to evidence that information required in respect of any individual seeking to work in the dental practice as stated in Schedule 2 is available in respect of each employee.		
To be Completed by: Ongoing from the date of the inspection	Response by Registered Manager Detailing the Actions Taken: All evidence in relation to the above will now be retained by the practice to ensure that full and satisfactory information is available for all new employees as specified in schedule 2		
Requirement 2 Ref: 21 (3) Stated: First time	The registered person must ensure that a record of all documentation relating to the recruitment process is retained in the practice for three years.		
To be Completed by: Ongoing from the date of inspection	Response by Registered Manager Detailing the Actions Taken: All documentation in relation to the recruitment process will now be retained in the practice for 3 years		
Recommendations			
Recommendation 1 Ref: Standard 11.1 Stated: First time	It is recommended that a recruitment policy and procedure is developed to ensure the recruitment and selection of staff is undertaken in accordance with best practice.		
To be Completed by: 30 May 2015	Response by Registered Manager Detailing the Actions Taken: A recruitment policy \\\\\\\\\\\\\\\\\7 procedure document has been developed and implemented.		
Registered Manager Completing QIP	Lesley Payne	Date Completed	13/05/15
Registered Person Approving QIP	Paul Thompson	Date Approved	13/05/15
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	28/05/15

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