



The Regulation and
Quality Improvement
Authority

Alan Parker & Associates Dental Practice
RQIA ID: 11360
339 Cregagh Road
Belfast
BT6 0LE

Inspector: Emily Campbell
Inspection ID: IN022919

Tel: 028 9079 2729

**Announced Care Inspection
of
Alan Parker & Associates Dental Practice**

03 August 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 3 August 2015 from 10.00 to 12.00. Overall on the day of the inspection it was found that some improvements in the management of medical emergencies and recruitment and selection are necessary in order for care 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 11 November 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	9

The details of the QIP within this report were discussed with Ms Jacqui Busby, 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 Alan Parker	Registered Manager: Mr Alan Parker
Person in Charge of the Practice at the Time of Inspection: Mr Alan Parker	Date Manager Registered: 08 November 2011
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 with Ms Jacqui Busby, practice manager, an associate dentist, a dental nurse and a receptionist. The inspector had a brief discussion with Mr Parker, registered person, nearing the conclusion of the inspection.

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 the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 11 November 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 11 November 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly and final closure.	Met
	Action taken as confirmed during the inspection: Ms Busby confirmed that sharps boxes are signed and dated on assembly and final closure. Observation in one surgery evidenced sharps boxes had been signed on assembly. No sharps boxes had been closed awaiting collection at the time of the inspection.	

Recommendation 2 Ref: Standard 13 Stated: First time	The floors in all clinical areas should be sealed at the edges where they meet the walls and the kicker boards of cabinetry.	Met
Action taken as confirmed during the inspection: Ms Busby confirmed that floors in all clinical areas had been sealed at the edges where they meet the walls and the kicker boards of cabinetry. Observation in one surgery evidenced this.		
Recommendation 3 Ref: Standard 13 Stated: First time	The overflows of stainless steel dedicated hand washing basins should be blanked off with a stainless steel plate sealed with antibacterial mastic.	Met
Action taken as confirmed during the inspection: Ms Busby confirmed that the overflows of dedicated hand washing basins had been blanked off as recommended. Observation in one surgery evidenced this.		

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 for clinical staff. Non-clinical staff are not provided with management of medical emergencies training. Although clinical staff confirmed that the management of medical emergencies is included in the induction programme, there is no formalised record retained in this regard. This matter is discussed further in section 5.4 of the report.

Discussion with clinical staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment. Discussion with a receptionist evidenced that she was aware of the procedure for calling for immediate assistance in the event of a medical emergency.

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, with the exception of an external automated defibrillator. The Glucagon medication is not stored in a fridge and a revised expiry date of 18 months from the date of receipt of the drug had not been recorded on the medication packaging to reflect this. If future doses of Glucagon are to be stored in the fridge, daily fridge temperatures should be retained to evidence that it is stored between 2 and 8 degrees centigrade as per manufacturer's instructions. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date.

However, the expiry date of oropharyngeal airways could not be determined and these were not included in the checking record. 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 it was identified that some improvement is necessary to ensure the arrangements for managing a medical emergency are 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 clinical 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. As discussed previously, non-clinical staff have not been trained in the management of medical emergencies.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that some improvement is necessary to ensure the arrangements for managing a medical emergency are 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 clinical 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

Arrangements should be established for non-clinical staff to be provided with management of medical emergencies training which should be updated on an annual basis as outlined in the Minimum Standards for Dental Care and Treatment (2011).

The management of medical emergencies should be included in induction programmes for all staff.

The availability of an automated external defibrillator (AED) should be reviewed. Mr Parker should seek advice and guidance from his medico-legal advisor in this regard.

A revised expiry date should be identified on Glucagon medication.

Oropharyngeal airways should be replaced and details should be included in the monthly expiry dates checking procedure.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy needs further development to include reference to job descriptions, contracts of employment and criminal conviction declarations to ensure it is comprehensive and reflects best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph in one of the two files;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable; and
- evidence of professional indemnity insurance, where applicable.

Discussion with Ms Busby and review of the two personnel files confirmed that:

- enhanced AccessNI checks had been received, however, this was after the commencement of employment;
- there were no details of employment history. Ms Busby confirmed that curriculum vitae provided by staff had not been retained;
- no written references had been obtained;
- no criminal conviction declarations had been obtained; and
- there was no confirmation that the persons were physically and mentally fit to fulfil their duties.

It was noted that the enhanced AccessNI checks, in respect of the staff files reviewed, were received after staff commenced work in the practice and that the original disclosure certificates were retained. Enhanced AccessNI checks must be received prior to any new staff commencing work in the practice and disclosure certificates must be handled in keeping with the AccessNI code of practice.

A staff register was not 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.

Ms Busby 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 records demonstrated that the appropriate indemnity cover is in place in respect of relevant staff.

On the day of the inspection, it was identified that improvement is necessary to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed, recruitment and selection procedures need further development to ensure they 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. Ms Busby confirmed that job descriptions have not been provided nor have they been developed in respect of the various roles of staff.

Although staff spoken with confirmed they had received induction on joining the practice, formalised induction programmes have not been established relevant to specific roles within the practice. However, a handbook of topics covered at induction was available for dental nursing staff.

Discussion with Ms Busby, and associate dentist, a dental nurse and a receptionist confirmed that staff have been provided with a contract of employment/agreement and have received induction training when they commenced work in the practice. As discussed the induction process has not been formalised.

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 it was identified that improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

Enhanced AccessNI checks had not been received until after commencing work in respect of personnel files examined. The importance of obtaining enhanced AccessNI checks prior to the commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Busby.

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. However, robust arrangements are needed in relation to enhanced AccessNI checks.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice and disclosure certificates must be handled in keeping with the AccessNI code of practice.

Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited.

The recruitment policy and procedure should be further development to include reference to job descriptions, contracts of employment and criminal conviction declarations to ensure it is comprehensive and reflects best practice guidance.

Formalised induction programmes should be developed for any new staff commencing work in the practice relevant to their specific roles within the practice. The management of medical emergencies should be included in all induction programmes.

Job descriptions should be developed in respect of the various roles of staff and provided to staff.

A staff register should be developed 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.

Number of Requirements:	1	Number of Recommendations:	6
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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 the practice manager, an associate dentist, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a contract of employment/agreement on commencing work in the practice. Of the staff who submitted questionnaires, one staff member indicated that there was no induction programme for new staff, four staff indicated that management of medical emergencies had not been included in their induction and two staff indicated that refresher training in this regard was not provided annually. One staff member advised they had not been provided with a job description. These issues have been addressed within the themes of the inspection and recommendations made.

Two staff indicated in submitted questionnaires that they did not have the opportunity to participate in practice meetings. Ms Busby advised that she has held practice meetings in the past but did not find them productive. She has an open door policy, which she feels works well within the practice. Ms Busby agreed to give consideration to the benefit of providing staff meetings.

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 Ms Jacqui Busby, 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/s 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(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: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 3 August 2015	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>In place with immediate effect</p>
Recommendations	
Recommendation 1 Ref: Standard 12.2 Stated: First time To be Completed by: 3 November 2015	<p>It is recommended that arrangements are established for non-clinical staff to be provided with management of medical emergencies training which should be updated on an annual basis as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Included in staff training as of 03.08.15</p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 3 October 2015	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Parker should seek advice and guidance from his medico-legal advisor in this regard.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Advice sought and purchase of defibrillator organised</p>
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 3 September 2015	<p>It is recommended that a revised expiry date of 18 months from the date of receipt of the drug should be identified on the current Glucagon medication and any future doses if not stored in the fridge. If future doses of Glucagon are to be stored in the fridge, daily fridge temperatures should be retained to evidence that it is stored between 2 and 8 degrees centigrade as per manufacturer's instructions.</p> <p>Oropharyngeal airways should be replaced and details should be included in the monthly expiry dates checking procedure.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>New airways purchased August 2015, included in monthly checking procedure and new dose Glucagon dated correctly</p>

<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 3 August 2015</p>	<p>It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> • 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; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. <p>Response by Registered Person(s) Detailing the Actions Taken: In place with immediate effect as of 03.08.15</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>It is recommended that the recruitment policy and procedure is further developed to include reference to job descriptions, contracts of employment and criminal conviction declarations to ensure it is comprehensive and reflects best practice guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Recruitment procedure updated and developed and updates included in current contracts of employment</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 3 August 2015</p>	<p>It is recommended that formalised induction programmes are developed for any new staff commencing work in the practice relevant to their specific roles within the practice. The management of medical emergencies should be included in all induction programmes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff will be trained in management of medical emergencies as part of induction programme as of 03.08.15</p>
<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>It is recommended that job descriptions should be developed in respect of the various roles of staff and provided to staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: current job descriptions reviewed and are being developed and expanded</p>

Recommendation 8 Ref: Standard 11 Stated: First time To be Completed by: 3 September 2015	It is recommended that enhanced AccessNI disclosure certificates must be disposed of in keeping with the AccessNI code of practice and a record retained of the staff member's name, the dates the check was applied for and received, the unique identification number and the outcome of the check.	Response by Registered Person(s) Detailing the Actions Taken: Access NI disclosure certificates disposed of at 03.08.15	
Recommendation 9 Ref: Standard 11 Stated: First time To be Completed by: 3 September 2015	It is recommended that a staff register is developed 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.	Response by Registered Person(s) Detailing the Actions Taken: Staff register expanded and updated as of 03.08.15	
Registered Manager Completing QIP	Alan Parker	Date Completed	11.09.15
Registered Person Approving QIP	Alan Parker	Date Approved	11.09.15
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	16.9.15

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