



The **Regulation** and
Quality Improvement
Authority

Ann Street Dental Practice Limited
RQIA ID: 11364
6 Ann Street
Enniskillen
BT74 7ES

Inspector: Stephen O'Connor
Inspection ID: IN21248

Tel: 028 6632 2628

Announced Care Inspection
of
Ann Street Dental Practice Limited

6 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 6 May 2015 from 09:55 to 11:55. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed.

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 2 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	1	5

The details of the QIP within this report were discussed with the Mrs Sinead Kelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Responsible individual: Ann Street Dental Practice Limited Christopher Gerald Kelly	Registered Manager: Sinead Kelly
Person in Charge of the Practice at the Time of Inspection: Mr Christopher Kelly	Date Manager Registered: 30 April 2012
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 two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, 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 Failure to Comply Compliance Inspection dated 2 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 2 July 2014.

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2 (2)</p> <p>Stated: First time</p>	<p>An enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>One new member of clinical staff commenced work in the practice during December 2014. An enhanced AccessNI check was received in respect of this staff member on the 30 April 2015. This was discussed with Mrs Kelly who confirmed that arrangements have been established to ensure that in the future AccessNI checks will be received prior to new staff commencing work in the practice. As the AccessNI check was received after this staff member commenced work this requirement has not been addressed and it has been stated for the second time.</p>	<p>Not Met</p>
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A policy and procedure for cleaning and maintaining the environment should be developed.</p> <p>The arrangements for the colour coding of cleaning materials should be reflected in the policy and procedure for cleaning and maintaining the environment</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that a policy and procedure for cleaning and maintain the environment has been developed. The policy includes the use of colour coded cleaning equipment to be used in the different designated areas of the practice. It was observed that colour coded mops and mops buckets are available in the practice. This recommendation has been addressed.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 13 Stated: First time</p>	<p>Flooring in clinical areas should be sealed where it meets the walls.</p> <p>The flooring and shelving in the first floor store should be sealed.</p> <p>The flooring in the staff toilet should be sealed at the edges.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that the flooring in surgery three and the staff toilet is impervious, however it is not coved or sealed at the edges. It was also observed that the first floor store does not have a finished floor, and that the shelves in this store are constructed from wood that has not been sealed. These issues were discussed with Mrs Kelly who confirmed that a refurbishment plan is in place to refurbish the stairs and landing, the staff kitchen and toilet and the first floor store room. Mrs Kelly confirmed this work will be completed later this year. This recommendation has not been addressed and it has been stated for the second time.</p>	<p>Not Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13 Stated: First time</p>	<p>The legionella risk assessment should be further developed to include the following:</p> <ul style="list-style-type: none"> • Details of the water supply throughout the practice. This may be done in written form or a schematic drawing • The risk management measures in place or to be put in place including the arrangements in the second floor residential accommodation which is unoccupied, annual inspection of the water tank/s, monthly recording of hot and cold water temperatures, and weekly flushing of infrequently used water outlets • Specific details of the management of dental unit water lines (DUWLs) • Records should be retained of the periodic checks undertaken <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with Mrs</p>	<p>Met</p>

	<p>Kelly and a dental nurse demonstrated that since the previous inspection an external organisation has completed a legionella risk assessment. This risk assessment includes all the information as outlined in this recommendation. This recommendation has been addressed.</p>	
<p>Recommendation 4 Ref: Standard 9 Stated: First time</p>	<p>Establish a system for a more targeted approach to be taken in relation to patient consultation.</p> <p>On completion of the consultation period, results of the patient satisfaction survey should be collated and made available to patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A report detailing the findings of 35 patient satisfaction surveys completed during March 2015 was submitted to RQIA prior to this inspection. The inspector reviewed this report. This recommendation has been addressed.</p>	<p>Met</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), and that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that the oropharyngeal airways retained had exceeded their manufacturer's expiry dates and that portable suction and an automated external defibrillator (AED) are not available in the practice. This was discussed with Mrs Kelly and a dental nurse who confirmed that they were aware that the oropharyngeal airways had exceeded their expiry dates; however they confirmed that the organisation that provides the practice with medical emergency training advised them that it was not necessary to replace the expired airways.

Mrs Kelly and the dental nurse confirmed that although an AED is not available in the practice an AED is available in the local police station which is located in close proximity to the dental practice.

A system is in place to ensure that emergency medicines 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 it was identified that some improvements is needed 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 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 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

Oropharyngeal airways should be replaced, expiry dates of emergency equipment should be included in monthly checks, and portable suction should be available in the practice.

Number of Requirements:	0	Number of Recommendations:	1
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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. A minor amendment was made to the policy during the inspection to include the procedure for obtaining enhanced AccessNI checks.

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 respect of one of the staff members;
- evidence that an enhanced AccessNI check was received, however as discussed previously this check was received after the most recently employed staff member commenced work in the practice;
- two written references in respect of the most recently employed staff member; no references in respect of the other staff member;
- 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;
- no criminal conviction declaration for either of the two staff members;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

As discussed previously Mrs Kelly is aware of the procedure to be followed in relation to AccessNI checks. Following this inspection the inspector forwarded AccessNI's Code of Practice to the practice via email.

A staff register was not retained, detailing the 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 Kelly 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 improvements is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

In the main 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 staff personnel files were reviewed. It was noted that these files did not include a contract of employment/agreement and job description. This was discussed with Mrs Kelly who confirmed that no staff in the practice have been provided with these documents.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two staff personnel files evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Kelly confirmed that staff 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 improvements 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, with the exception of the issues previously identified.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise 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 found to be compassionate.

Areas for Improvement

Enhanced AccessNI disclosures should be received prior to any new staff commencing work in the practice.

Staff personnel files should include all information as outlined in Schedule 2 of the 2005 Regulations.

A staff register should be established.

All staff who work in the practice should be provided with a contract and all staff employed by the practice should be provided with a job description.

Number of Requirements:	0	Number of Recommendations:	3
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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 two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three 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 between the 1 January 2015 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sinead Kelly, registered 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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.



Quality Improvement Plan

ANN STREET
DENTAL PRACTICE

Statutory Requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 2 (2) Stated: Second time To be Completed by: 06 May 2015	An enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice. Response by Registered Person(s) Detailing the Actions Taken: <i>Noted, matter discussed in detail with Inspector.</i>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 06 July 2015	Flooring in clinical areas should be sealed where it meets the walls. The flooring and shelving in the first floor store should be sealed. The flooring in the staff toilet should be sealed at the edges. Response by Registered Person(s) Detailing the Actions Taken: <i>Dealt with.</i>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 06 July 2015	It is recommended that oropharyngeal airways that have exceeded their expiry date are replaced, expiry dates of emergency equipment should be included in monthly checks, and portable suction as recommended in the Resuscitation Council (UK) guidance should be available in the practice. Response by Registered Person(s) Detailing the Actions Taken: <i>Noted & being addressed.</i>
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 06 July 2015	It is recommended that staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Response by Registered Person(s) Detailing the Actions Taken: <i>Noted & being addressed</i>



<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 06 July 2015</p>	<p>It is recommended that a staff register should be developed and retained containing details of all staff, including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Noted & being addressed.</i></p>
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<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 06 July 2015</p>	<p>It is recommended that all staff who work in the practice are provided with a contract and all staff employed by the practice are provided with a job description.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Recommendation noted.</i></p>
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Registered Manager Completing QIP		Date Completed	12.6.15
Registered Person Approving QIP		Date Approved	12/6/15
RQIA Inspector Assessing Response	STEPHEN O'CONNOR	Date Approved	29/6/15

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