



The Regulation and
Quality Improvement
Authority

Antrim Road Dental Clinic
RQIA ID: 11365
385 Antrim Road
Belfast
BT15 3BG

Inspector: Emily Campbell
Inspection ID: IN022774

Tel: 028 9075 4916

**Announced Care and Variation to Registration Inspection
of
Antrim Road Dental Clinic**

06 July 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 6 July 2015 from 9.50 to 12.05. The purpose of this inspection was to carry out the scheduled announced inspection on the focused themes and standards. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Registration of the fourth dental chair was approved during this inspection. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was 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) 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

No actions were required to be taken following the last care inspection on 8 April 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	3

The details of the QIP within this report were discussed with Miss Oonagh Loughrey, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Miss Oonagh Loughrey	Registered Manager: Miss Oonagh Loughrey
Person in Charge of the Practice at the Time of Inspection: Miss Oonagh Loughrey	Date Manager Registered: 22 December 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3 increasing to 4 during this inspection

3. Inspection Focus

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection.

The inspection also sought to review the arrangements in relation to the application of variation to increase the number of registered dental chairs from three to four.

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, complaints declaration and variation to registration application.

During the inspection the inspector met with Miss Loughrey, registered person, and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three 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 8 April 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 08 April 2014

No requirements or recommendations were made during this inspection.

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 Miss Loughrey 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.

Buccal Midazolam has been provided in the format of Buccolam as recommended by the Health and Social Care Board. The supply is of four prefilled syringes of 10mg which is the standard dosage for age 10 to adult as per BNF. Miss Loughrey was advised that as the barrel of these syringes is occluded with product information, she should establish suitable arrangements to ensure that the correct dosage can be administered to patients under the age of 10. Miss Loughrey demonstrated a clear understanding of how she would address this.

Discussion with Miss Loughrey and 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 Miss Loughrey 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 Miss Loughrey and 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 Miss Loughrey and staff demonstrated they had 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.

Number of Requirements:	0	Number of Recommendations:	0
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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.

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;
- details of full employment history, including an explanation of any gaps in employment in two of the three files;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Personnel files reviewed did not contain a criminal conviction declaration or written references. Miss Loughrey advised that although she had not obtained written references, she did obtain verbal references, however, there were no records retained in this regard. One file reviewed did not contain dates of previous employment and there was no evidence that this was explored during the recruitment process.

Enhanced AccessNI checks were received prior to new staff commencing employment in keeping with good practice. However, the employer's original disclosure check was retained in one file reviewed and the employees' copies in two files reviewed. The storage of disclosure information is not in keeping with AccessNI's code of practice.

A staff register was established during the inspection 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. Miss Loughrey is aware that this is a live document which should be kept updated.

Miss Loughrey 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 it was identified that some improvement is necessary to ensure, recruitment and selection procedures are safe.

Is Care Effective?

As discussed above further development is required in relation to criminal conviction declarations, references and employment histories to ensure that recruitment and selection procedures comply with all relevant legislation.

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 random sample evidenced that induction programmes are completed when new staff join the practice. The practice also has an employee handbook which is provided to all new staff.

Discussion with two dental nurses confirmed that staff 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 it was identified that some improvement is necessary to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated some further development is required to ensure 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 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

A criminal conviction declaration, two written references and employment history should be obtained when recruiting new staff.

Enhanced AccessNI disclosure certificates must be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.

Number of Requirements:	0	Number of Recommendations:	2
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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. Eight 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.

One staff member who submitted a questionnaire response provided the following comment:

- “Regular courses and CPD days/afternoons on medical emergencies, decontamination, fire safety etc covered. Feel staff reviews annually would be useful to bring up any issues and to discuss staff performance.”

Miss Loughrey should consider the implementation of annual staff appraisal in keeping with best practice guidance.

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.

5.5.4 Registration Status and Variation to Registration

Miss Loughrey was a partner in Antrim Road Dental Clinic which was initially registered with RQIA on 22 December 2011. On 1 June 2014, Miss Loughrey was registered as the sole owner of the practice.

Application was submitted to RQIA for a variation to the conditions relating to the existing registration. The application made was to increase the provision of registered dental chairs from three to four.

5.5.4.1 Environment

The fourth dental surgery has been finished to a high standard of maintenance and décor and was appropriately equipped. Flooring is coved where it meets the walls, however, cabinetry has not been sealed where it meets the flooring. It was also observed during a tour of the premises that shelving in the storage area of the decontamination room has not been sealed. A recommendation was made to address these matters in the interest of infection prevention and control.

5.5.4.2 Statement of Purpose

A review of the statement of purpose evidenced that it reflected the arrangements in the practice. Miss Loughrey should ensure the patient guide has been updated if appropriate.

5.5.4.3 Staffing

Two associate dentists, a dental nurse and a trainee dental nurse have been recruited in association with the additional dental chair and the change of ownership arrangements.

Review of documentation evidenced that enhanced AccessNI checks are received prior to any new staff commencing work in the practice.

5.5.4.4 Radiology

An intra-oral x-ray machine has been installed in the new surgery and a rectangular collimation fitment is available. Review of the radiation protection file evidenced that a critical examination of the x-ray unit had been undertaken by the appointed radiation protection advisor (RPA) and any recommendations made have been addressed. The local rules were on display. It was also noted that a critical examination of the orthopan tomogram machine (OPG) had also been undertaken following repositioning of the machine within the OPG room.

Following this inspection, registration of the fourth dental chair was approved.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Oonagh Loughrey, registered provider, 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			
Recommendations			
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 6 July 2015	It is recommended that a criminal conviction declaration, two written references, one of which should be from the current/most recent employer, and employment history should be obtained when recruiting new staff. This information should be retained in staff personnel files.		
	Response by Registered Person Detailing the Actions Taken: The recommendation is accepted and will be implemented immediately. It should be noted that verbal references were sourced but not recorded. In respect of the one personnel file that didn't have dates of previous employment, I knew the individual's employment history for at least the last five years. The recommendation is accepted for best practice.		
Recommendation 2 Ref: Standard 11.2 Stated: First time To be Completed by: 6 August 2015	It is recommended that enhanced AccessNI disclosure certificates must be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.		
	Response by Registered Person Detailing the Actions Taken: The recommendation is accepted and will be implemented by the due date.		
Recommendation 3 Ref: Standard 13 Stated: First time To be Completed by: 6 October 2015	It is recommended that cabinetry is sealed where it meets the flooring in the fourth dental surgery and shelving in the storage area of the decontamination room should be sealed.		
	Response by Registered Person Detailing the Actions Taken: The recommendation is accepted and will be implemented by the due date.		
Registered Manager Completing QIP	Oonagh Loughrey	Date Completed	31.7.15
Registered Person Approving QIP	Oonagh Loughrey	Date Approved	31.7.15
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	5.8.15

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