



The **Regulation** and
Quality Improvement
Authority

Armagh Orthodontic Clinic Ltd
RQIA ID: 11369
Gillis Terrace
Loughgall Road
Armagh
BT61 7NX

Inspector: Emily Campbell
Inspection ID: IN022928

Tel: 028 3752 5665

Announced Care Inspection
of
Armagh Orthodontic Clinic Ltd

25 August 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 25 August 2015 from 10.00 to 11.30. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were generally found 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 6 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	0	2

The details of the QIP within this report were discussed with Miss Jane Gormley, 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: Armagh Orthodontic Clinic Limited Miss Jane Gormley	Registered Manager: Miss Jane Gormley
Person in Charge of the Practice at the Time of Inspection: Miss Jane Gormley	Date Manager Registered: 03 January 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Miss Gormley, registered person and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and two 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 6 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 06 November 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: First time	Handpieces which are compatible with the washer disinfectant should be decontaminated using this process.	Met
	Action taken as confirmed during the inspection: Discussion with Miss Gormley and staff confirmed that compatible handpieces are processed through the washer disinfectant.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Keyboard covers or easy clean waterproof keyboards should be provided in clinical areas.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that keyboard covers are in use in clinical areas.	
Recommendation 2 Ref: Standard 13 Stated: First time	The daily automatic control test (ACT) should be recorded in the steriliser logbooks.	Met
	Action taken as confirmed during the inspection: Discussion with a dental nurse confirmed that the daily ACT is undertaken and recorded. Review of steriliser logbooks 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.

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). The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Miss Gormley was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

In the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Oropharyngeal airways were only available in two sizes and it was obvious that they had exceeded their expiry dates. The practice does not have an automated external defibrillator (AED) and it is reflected in the policy that access to one is available at the Community Dental Clinic in Tower Hill Hospital. However, discussion with Miss Gormley identified that it could take between 5 and 20 minutes to access this dependent on traffic. This access is not within a timely manner and consideration should be given to the provision of an AED within the practice.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Oropharyngeal airways should be included in the checking procedure when they are received. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Miss Gormley 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 generally 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. As discussed oropharyngeal airways should be provided and the availability of an AED should be reviewed.

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.

On the day of the inspection the arrangements for managing a medical emergency were generally 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.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Oropharyngeal airways sizes 0 – 4 should be provided and included in the emergency medicine and equipment checklist.

The availability of an AED should be reviewed. Miss Gormley should seek advice and guidance from her medico-legal advisor in this regard.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

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 with the exception of reference to general physical and mental health status. Miss Gormley readily agreed to address this in the policy.

Two 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;
- two written references in respect of one file reviewed;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

One file reviewed did not have any written references and a criminal conviction declaration made by staff was not retained in either file. However, discussion with Miss Gormley confirmed that a standard question is asked during interviews in relation to criminal convictions and records were retained of the staff members' responses.

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.

Miss Gormley 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, recruitment and selection procedures were generally found to be safe.

Is Care Effective?

As discussed, the practice's recruitment and selection procedures generally comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

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

Discussion with Miss Gormley and three 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 recruitment and selection procedures were generally found to be effective.

Is Care Compassionate?

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

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with Miss Gormley and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Miss Gormley and 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

Two written references, one of which should be from the current/most recent employer should be obtained in respect of any new staff recruited.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Miss Gormley, registered person and three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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.

The following comments were provided in submitted questionnaires:

- “The practice runs to high standards – infection control, radiation policies and protection, CPD, continued learning and all other aspects of staff welfare, patient welfare and training.”
- “Overall, a very good standard of care and service provided throughout the practice!”

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. It was suggested that the patient satisfaction questionnaire is further developed to include areas other than the standard of care.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Gormley, registered person 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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 25 October 2015</p>	<p>It is recommended that Oropharyngeal airways sizes 0 – 4 should be provided and included in the emergency medicine and equipment checklist.</p> <p>The availability of an automated external defibrillator (AED) should be reviewed. Miss Gormley should seek advice and guidance from her medico-legal advisor in this regard.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The practice now has an AED on site and has a range of oropharyngeal airways including sizes 0 - 4</p>		
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 25 August 2015</p>	<p>It is recommended that two written references, one of which should be from the current/most recent employer should be obtained in respect of any new staff recruited.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The practice will ensure that two written references shall be obtained for all future new staff recruited and will endeavour to ensure that one of the references is from the most recent employer.</p>		
Registered Manager Completing QIP	Jane Gormley	Date Completed	9.10.2015
Registered Person Approving QIP	Jane Gormley	Date Approved	9.10.2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	12.10.15

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