



The **Regulation** and
Quality Improvement
Authority

Ballybot Dental Surgery Limited
RQIA ID: 11375
25 Patrick Street
Newry
BT35 8EB

Inspector: Emily Campbell
Inspection ID: IN022918

Tel: 028 3026 3326

**Announced Care Inspection
of
Ballybot Dental Surgery Limited**

26 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 26 August 2015 from 9.35 to 11.45. 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. 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 10 March 2015.

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 Ms Morna Baxter, 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: Ms Morna Baxter	Registered Manager: Ms Morna Baxter
Person in Charge of the Practice at the Time of Inspection: Ms Morna Baxter	Date Manager Registered: 30 May 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 Ms Baxter, registered person, a dental nurse and a receptionist.

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 10 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 10 March 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 18 (2) (a) Stated: First time	<p>Safeguarding training in respect of vulnerable adults should be provided for all staff as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records and discussion with Ms Baxter and staff confirmed that this requirement has been addressed.</p>	Met
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	<p>The policy and procedure for cleaning and maintaining the environment should be further developed to include the environmental cleaning arrangements in the practice and the colour coding of cleaning equipment.</p> <p>Consideration should be given to adopting the National Patient Safety Agency (NPSA) recommendations as outlined in HTM 01-05 within the policy development.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the policy and procedure for cleaning and maintaining the environment evidenced that it has been further developed as recommended. The NPSA recommended colour coding has been adopted.</p>	Met
Recommendation 2 Ref: Standard 13 Stated: First time	<p>Flooring in surgeries should be sealed at the edges and where cabinetry meets the flooring.</p> <hr/> <p>Action taken as confirmed during the inspection: Ms Baxter confirmed that this recommendation has been addressed. Observation of one dental surgery evidenced this.</p>	Met

Recommendation 3 Ref: Standard 13 Stated: First time	The policy and procedure for the management and disposal of waste should be further developed to include up to date information on disposal streams and types of waste in keeping with HTM 07-01.	Met
	Action taken as confirmed during the inspection: Review of the policy and procedure for the management and disposal of waste evidenced that it had been further developed as recommended.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Ms Baxter 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 in general emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Oropharyngeal airways were observed to have exceeded their expiry date. Ms Baxter provided assurance that these would be provided and included in the monthly checking procedure. A copy of the order to replace the airways was received by RQIA on 1 September 2015. The practice does not have an automated external defibrillator (AED), however, they have access to one located at the local hospital. Discussion with Ms Baxter identified that it would take approximately 5 minutes to access this. This access is not within a timely manner and consideration should be given to the provision of an AED within the practice. Ms Baxter advised that she is currently considering this.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Ms Baxter 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 Ms Baxter 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 Ms Baxter 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 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 Ms Baxter and 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

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

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

Although various procedures were available pertaining to the recruitment process, an overarching recruitment policy was not available.

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

- positive proof of identity, including a recent photograph;
- 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.

Review of the three files evidence that an enhanced AccessNI check was received for each staff member. However, one check had been received two weeks after the staff member commenced work. This check was in respect of the first staff member recruited since registration with RQIA. Ms Baxter confirmed that robust arrangements had since been put in place to ensure checks are obtained prior to new staff commencing. This was evidenced on review of the files of staff recruited since then.

Only one file reviewed contained two written references. Two files contained one written reference each and although Ms Baxter confirmed that she received verbal references, there was no record retained to evidence this. There were no criminal conviction declarations in any files reviewed.

A staff register had been developed containing staff details including, name, position; date of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. Dates of birth and dates of leaving work in the practice had not been included in the staff register. A copy of a revised staff register containing all of the required elements was provided to RQIA on 1 September 2015.

Ms Baxter 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 are in need of further development to ensure they 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.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement. Job descriptions were not in individual files; however, Ms Baxter confirmed these would be retained in individual files in the future. Ms Baxter advised that a contract of agreement was not in place in respect of one individual working in the practice, however, she will make arrangements to address this. Ms Baxter confirmed by email on 1 September 2015 that this had been addressed.

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

Discussion with a dental nurse and a receptionist 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?

Recruitment and selection procedures need further development to reflect 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. As discussed, robust arrangements are now in place to ensure checks are received prior to the commencement of employment.

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

An overarching recruitment policy should be developed reflecting best practice guidance.

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

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 Ms Baxter, registered person, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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 RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 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 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 Baxter, 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			
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 26 October 2015	It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Ms Baxter should seek advice and guidance from her medico-legal advisor in this regard.		
	Response by Registered Person(s) Detailing the Actions Taken: We propose to purchase an AED jointly with another dental practice adjacent to our location on Patrick Street in Newry.		
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 26 November 2015	It is recommended that an overarching recruitment policy is developed reflecting best practice guidance.		
	Response by Registered Person(s) Detailing the Actions Taken: Our revised and updated recruitment policy and procedure is enclosed.		
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 26 August 2015	It is recommended that two written references, one of which should be from the current/most recent employer and a criminal conviction declaration should be obtained in respect of any new staff recruited.		
	Response by Registered Person(s) Detailing the Actions Taken: As per our recruitment policy and procedure documentation, these recommendations are implemented.		
Registered Manager Completing QIP	Dr Morna Baxter BDS	Date Completed	08/09/2015
Registered Person Approving QIP	Dr Morna Baxter BDS	Date Approved	08/09/2015
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