

The Regulation and
Quality Improvement
Authority

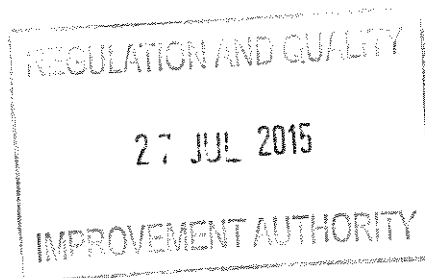
Ballyclare Dental Practice
RQIA ID: 11376
30 Rashee Road
Ballyclare
BT39 9HJ

Inspector: Carmel McKeegan
Inspection ID: IN021359

Tel: 028 9335 2805

**Announced Care Inspection
of
Ballyclare Dental Practice**

16 June 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.rgia.org.uk

1. Summary of Inspection

An announced care inspection took place on 16 June 2015 from 10.00 to 11.45. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern.

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 29 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: TJM (Northern Ireland) Ltd Mrs Jennifer McKissick	Registered Manager: Mr Trevor McKissick
Person in Charge of the Practice at the Time of Inspection: Mrs Jennifer McKissick	Date Manager Registered: 10 May 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

3. Inspection Focus

The inspection sought to assess progress with the issue 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 inspection was facilitated by Mrs Jennifer McKissick, registered person, Mr Trevor McKissick, registered manager and Mrs Janice Robinson, the practice manager.

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 29 April 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 29 April 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.2 Stated: First time	<p>The following issue in regards to dedicated hand washing sinks should be addressed:</p> <p>the overflow in the dedicated hand washing basin in the decontamination room must be blanked off using a stainless steel plate and sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Observations made in the decontamination room evidenced that the overflow of the hand washing basin had been blanked off as recommended.</p>	Met

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr and Mrs McKissick and 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). It was observed that Glucagon medication is not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect 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 Mr and Mrs McKissick revealed that they were not aware of the need to revise the expiry date when Glucagon is not stored in the fridge. The Glucagon was replaced during the inspection and a revised expiry date was recorded on the medication.

Mr and Mrs McKissick were advised that when the current form of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the Health and Social Care Board (HSCB).

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of oropharyngeal airways and clear face masks in the sizes as stated in the guidelines. Mrs McKissick confirmed by email on 24 June 2015 that clear face masks and oropharyngeal airways as stated in the Resuscitation Council (UK) guidelines, had been obtained and were provided in the practice.

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 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 Mr and Mrs McKissick 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 Mr and Mrs McKissick 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 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

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?

Review of the recruitment policy and procedure in the practice, identified that further development was needed and this was discussed with Mr and Mrs McKissick and Mrs Robinson. A revised recruitment policy and procedure was received in RQIA by email in the afternoon of 16 June 2015. The revised policy was comprehensive and reflected best practice guidance.

Two personnel files of staff members recruited since registration with RQIA were examined which were evidenced to include the following;

- positive proof of identity, including a recent photograph;
- 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;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register was 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.

Mr and Mrs McKissick 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 found to be safe.

Is Care Effective?

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 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr and Mrs McKissick and the practice manager 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 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. Mrs Robinson is responsible for managing recruitment records and confirmed that she is aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work.

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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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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 Mrs Jennifer McKissick, registered person, Mr Trevor McKissick, registered manager, Mrs Janice Robinson, practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine 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. Two of the submitted staff questionnaires included comments as follows:

- "Excellent staff training and induction programme"
- "We are provided with annual CPC courses and in house first aid training, this is provided and paid for us by Ballyclare Dental Practice. We also have the chance to update CPD records on line."

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. Discussion with Mr and Mrs McKissick and 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 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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Tina McKel</i>	Date Completed	<i>17/2015</i>
Registered Person	<i>J. M. M. M. M.</i>	Date Approved	<i>17/2015</i>
RQIA Inspector Assessing Response	<i>K.M. B. M.</i>	Date Approved	<i>28/7/15</i>

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

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.