



The Regulation and
Quality Improvement
Authority

Ballyholme Dental Practice
RQIA ID: 11377
22A Groomsport Road
Bangor
BT20 5LN

Inspector: Carmel McKeegan
Inspection ID: IN023527

Tel: 028 9146 5625

Announced Care and Variation to Registration Inspection of Ballyholme Dental Practice

9 September 2015

The Regulation and Quality Improvement Authority
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Summary of Inspection

An announced care inspection took place on 9 September 2015 from 14.00 to 15.45. 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. Mr Colin Muldoon, Estates Inspector, undertook an estates inspection in relation to the increase in dental surgeries on 25 August 2015. The report and findings of the estates inspection will be issued under separate cover. The variation to the registration in regards to the increase in the number of registered chairs from two to three 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. Areas for improvement were identified in relation to the recruitment and selection procedures 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 18 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 Ms Lisa Light, 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 Lisa Light	Registered Manager: Ms Lisa Light
Person in Charge of the Practice at the Time of Inspection: Ms Lisa Light	Date Manager Registered: 25 October 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2 increasing to 3 during this inspection

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to review the arrangements in relation to the application of variation to increase the number of registered dental chairs from two to three.

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 Lisa Light 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 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 estates variation inspection dated 25 August 2015. The completed QIP is due to be returned to RQIA on 25 September 2015.

The previous care inspection of the practice was an announced care inspection dated 18 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 18 November 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 Stated: First time	The flooring in the surgeries should be sealed at the edges where they meet the wall and the kicker boards of the cabinetry to prevent the accumulation of dust.	Met
	Action taken as confirmed during the inspection: Observation of dental surgeries confirmed that the floor edging had been sealed 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 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.

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 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 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?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance, with the exception of practice's arrangements for applicants to provide a criminal conviction declaration.

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;
- documentary evidence of qualifications;
- evidence of current GDC registration;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance.

A criminal conviction declaration made by applicants had not been provided; discussion with Ms Light demonstrated that she had understood that the Access NI enhanced disclosure covered this area. Ms Light confirmed that a criminal conviction declaration would be sought for future applicants in accordance with the revised recruitment policy and procedures.

In the three files reviewed there was no evidence to show that two written references had been obtained. Ms Light stated that in previous years she had obtained verbal references for each staff member. Ms Light confirmed that the recruitment policy and procedure had recently been developed to include obtaining written references and that two written references will be sought for future applicants and retained in staff personnel files.

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.

Ms Light 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 generally safe.

Is Care Effective?

As previously stated the recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide, with the exception of the provision of the applicants' criminal conviction declaration.

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 sample of three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Light and staff 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?

As discussed, 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. Ms Light 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

Recruitment and selection procedures should be developed to reflect best practice guidance.

Staff personnel files for newly recruited staff should include a criminal conviction declaration and two written references as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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 Lisa Light and two 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.

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.

5.5.4 Variation to Registration

An application was submitted to RQIA by the registered person to vary the current registration of Ballyholme Dental Practice. The application made was to increase the number of registered dental chairs from two to three. During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection in relation to the establishment of the third surgery.

Statement of Purpose and Patient Guide

A review of the statement of purpose and patient guide confirmed that they reflect the current arrangements in the practice.

Radiology

An intra-oral x-ray machine has been installed in the new surgery. 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.

Staff confirmed that the patient's medical history is checked, and that consent is obtained prior to taking x-rays.

Environment

The inspector undertook a tour of the new surgery, which was maintained to a good standard of maintenance and décor.

Registration of the third dental chair was approved during this inspection.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Lisa Light, 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 11.1 Stated: First time To be Completed by: 9 October 2015	<p>It is recommended that the recruitment and selection policy and procedure is developed to reflect best practice guidance to include the arrangements for applicants to provide a criminal conviction declaration.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: We have now updated our pre employment questionnaires to include a section for applicants to sign a criminal conviction declaration.</p>

Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 9 September 2015	<p>Staff personnel files for newly recruited staff should include two written references and a criminal conviction declaration as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: We have updated our records to include a letter to be sent to previous employers requesting written references. We will also ask applicants who are successful in getting an interview to try bring written references with them to the interview.</p>

Registered Manager Completing QIP	Lisa Light	Date Completed	30/09/15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	07/10/15

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