



The Regulation and
Quality Improvement
Authority

Bell & Thom Dental Surgeons
RQIA ID: 11387
17-19 Main Street
Portglenone
BT44 8AA

Inspector: Carmel McKeegan
Inspection ID: IN021341

Tel: 028 2582 2262

**Announced Care Inspection
of
Bell & Thom Dental Surgeons**

05 May 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 05 May 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 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) Regulation 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 23 June 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	4

The details of the QIP within this report were discussed with Mr Douglas Thom, registered person, and Ms Elizabeth Greer, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Douglas Thom Mr Stephen Bell	Registered Manager: Mr Douglas Thom
Person in Charge of the Practice at the Time of Inspection: Mr Douglas Thom	Date Manager Registered: 16 July 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.

Mr Douglas Thom, registered person, and the practice manager, Ms Elizabeth Greer, facilitated the inspection. Mr Stephen Bell, registered person, was available for a short time as he was treating patients. The inspector also met with an associate dentist and a dental nurse.

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 23 June 2014. The completed QIP was returned and approved by the care inspector.

5.3 Review of Requirements and Recommendations from the last Care Inspection dated 23 June 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13	Floors in clinical areas should be sealed at the edges where they meet the walls and kicker boards of cabinetry, to aid effective cleaning.	Met
	Action taken as confirmed during the inspection: Observation of clinical area flooring confirmed that the floors had been sealed at the edges as recommended.	
Recommendation 2 Ref: Standard 13	The torn dental chair coverings in surgeries two and three should be repaired.	Met
	Action taken as confirmed during the inspection: Observation and discussion with Mr Thom confirmed that a new dental chair was provided in surgery two and the dental chair in surgery three had been reupholstered.	
Recommendation 3 Ref: Standard 13	Overflows in all dedicated hand washing basins should be blanked off using a stainless steel plate and sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: Observation of hand washing basins confirmed that overflows had been blanked off as recommended.	

5.2 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines, was retained in the practice, with the exception of an automated external defibrillator (AED), it was also noted that oropharyngeal airways were available in size two only.

Mr Thom confirmed that an AED is not available in the practice and that the practice does not have any formal arrangements to get access to an AED in the local area.

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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are 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 Mr Thom and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall 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.

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

Areas for Improvement

Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.

Advice and guidance should be sought in regards to the provision of an AED.

Number of Requirements:	0	Number of Recommendations:	2
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5.3 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Two staff members have been recruited since registration with RQIA. Both personnel files were reviewed and the following confirmed:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to employment for one staff member, the Access NI check for the other staff member had been received after employment had commenced, this had been identified at an annual announced inspection on 13 November 2012 and addressed at that time.
- two written references were available;
- 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.

It was noted that the original AccessNI disclosure certificates were retained in the practice, this was discussed with Mr Thom and Ms Greer as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

A criminal conviction declaration was not provided by either applicant.

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 Greer 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 needed to ensure that recruitment and selection procedures are 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 Thom, Mrs Greer 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?

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. Mr Thom 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.

I On the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Recruitment records for new staff should include a criminal declaration made by the applicant.

AccessNI disclosure certificates should be handled in keeping with best practice.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Thom, registered person, Ms Greer, practice manager, an associate dentist and a dental nurse. 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between the 1 January 2014 and the 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 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Douglas Thom, registered person and Ms Greer, practice manager, 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 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.

6.2 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 persons 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 persons 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: 5 June 2015	It is recommended that Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.		
	Response by Registered Person(s) Detailing the Actions Taken: Set of 6 (various sizes) single use Guedal oropharyngeal airways now purchased and in emergency kit		
Recommendation 2 Ref: Standard12.4 Stated: First time To be Completed by: 5 June 2015	It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.		
	Response by Registered Person(s) Detailing the Actions Taken: Medical-legal advisor is happy with the provision for AED - in that medical practice 300m away has an AED and community office 200m away has one outside on wall which we have a passkey for and can access		
Recommendation 3 Ref: Standard11.1 Stated: First time To be Completed by: 5 June 2015	It is recommended that recruitment records for new staff should include a criminal declaration made by the applicant.		
	Response by Registered Person(s) Detailing the Actions Taken: recruitment records now contain page where applicant will sign a criminal declaration.		
Recommendation 4 Ref: Standard12.4 Stated: First time To be Completed by: 5 June 2015	It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the AccessNI Code of Practice.		
	Response by Registered Person(s) Detailing the Actions Taken: Procedure now in place to handle access NI certificates in accordance with AccessNI code of practice. Numbers kept securely for reference and page shredded		
Registered Manager Completing QIP	Dougie Thom	Date Completed	30/6/15
Registered Person Approving QIP	Steven Bell	Date Approved	30/06/15
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	6/7/15

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

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