

**Announced Care Inspection  
of  
Boyd Logue Associates**

**27 May 2015**

## 1. Summary of Inspection

An announced care inspection took place on 27 May 2015 from 09:50 to 12:15. 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 6 August 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

The details of the QIP within this report were discussed with Mrs Gail Crawford, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Terence Boyd, Mr Peter Boyd, Mr Stephen Boyd	<b>Registered Manager:</b> Mrs Gail Crawford
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Gail Crawford	<b>Date Manager Registered:</b> 7 November 2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 7

### 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 Mrs Gail Crawford, registered manager, an associate dentist, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 6 August 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 6 August 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	In keeping with best practice guidance as outlined in HTM 01-05 flooring in clinical areas must be imperious and coved or sealed at the edges. Carpets should be removed from the identified surgeries.  <b>Ref: 10.2</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that surgeries one, two and seven that were partially carpeted have had the carpet removed. The new flooring is impervious and sealed at the edges.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	In the interests of infection prevention and control fabric curtains should be removed from the identified surgeries.  <b>Ref: 10.2</b>  <b>Action taken as confirmed during the inspection:</b> It was observed that surgeries one and two that previously had curtains have had the curtains removed.	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	Overflows in all dedicated hand washing basins should be blanked off using a stainless steel plate and sealed with antibacterial mastic.  <b>Ref: 10.3</b>  <b>Action taken as confirmed during the inspection:</b> It was observed that the overflow in the stainless steel hand washing basin in surgery four has been blanked off as recommended. Mrs Crawford confirmed that overflows in all stainless steel hand washing basins have been blanked off.	

### 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, with the exception of an automated external defibrillator (AED), is retained in the practice. Mrs Crawford and staff confirmed that they have timely access to an AED located at the nearby fire station. A protocol detailing the local arrangements in relation to this AED have not been established. 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 the arrangements for managing a medical emergency are generally 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 previously a protocol in regards to the AED has yet to be developed.

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.

Overall on the day of the inspection it was identified that the arrangements for managing a medical emergency are generally 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**

A protocol detailing the local arrangements to be followed in regards to accessing and using the AED located in the nearby fire station should be developed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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.

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 undertaken;
- 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;
- evidence of professional indemnity insurance, where applicable; and
- no written references were retained.

Mrs Crawford confirmed that the AccessNI checks were received prior to the identified employees commencing work in the practice. However, the only information recorded in relation to these checks was the unique serial number of the check. Mrs Crawford was advised that additional information in relation to these checks should be recorded in order to evidence that the checks were received prior to the employee commencing work in the practice.

Discussion with Mrs Crawford confirmed that whilst two written references had not been obtained, a verbal reference was obtained for each staff member prior to commencement. Advice was provided on how the practice might evidence that a written reference had been sought, and how to record a verbal reference to evidence the source of the reference.

A staff register was not 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.

Mrs Crawford 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.

Overall on the day of the inspection, it was identified that some improvement is needed to ensure 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 staff personnel files evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Crawford 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.

Overall 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. As discussed previously additional information in relation to these checks should be recorded.

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.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

### **Areas for Improvement**

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.

The procedure for recording enhanced AccessNI disclosure information should be further developed.

A staff register should be developed and retained.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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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 Crawford, registered manager, an associate dentist, a dental nurse and a receptionist. 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. Two of the submitted questionnaires included comments as follows;

- “As a practice I feel we provide care to our patient’s that is of an excellent standard. As an employee I have always been treated very well, only with respect. We are effectively trained and do have meetings on a monthly basis, which I found very helpful.”
- “I feel all staff have a great relationship with management. We have weekly staff meetings which help build relations between everyone, we all can have a say/opinion on any issues within 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 the Regulation and Quality Improvement Authority (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 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 Mrs Gail Crawford, registered 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](mailto: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	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 June 2015	<p>It is recommended that a protocol is developed outlining the procedure to be followed in relation to accessing and using the automated external defibrillator (AED) located in the local fire station.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  We have approached the fire station and we are waiting on written conformation - we shall then attach this to our written protocol.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 June 2015	<p>It is recommended that personnel files should include the following information in respect of any new staff commencing work in the practice:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references, one of which should be from the current/most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  All of this information is already sought the only difference with our procedure will be that we will ensuring two written references rather than verbal. As a practice we are very clear on the need for checking qualifications, GDC and indemnity - these records are kept in folders and updated every year.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b>	<p>It is recommended that the procedure for recording enhanced AccessNI disclosure information is further developed to ensure that the following information is recorded:</p> <ul style="list-style-type: none"> <li>• a record of the date the check was applied for and received, and</li> <li>• the unique identification number and the outcome.</li> </ul>

<b>27 June 2015</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> We keep a record of all Access NI Numbers - from now on anyone who is recruited a start date will be recorded along with information that we already hold in practice.		
<b>Recommendation 4</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>27 June 2015</b>	It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A staff register has been started & will be a living document		
<b>Registered Manager Completing QIP</b>	Gail Crawford	<b>Date Completed</b>	17/06/2015
<b>Registered Person Approving QIP</b>	Terence C Boyd	<b>Date Approved</b>	17/062015
<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	18/06/2015

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**