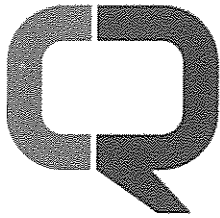


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The Regulation and
Quality Improvement
Authority

Bradbury Dental Surgery
RQIA ID: 11402
46 Bradbury Place
Belfast
BT7 1RR

Inspectors: Lynn Long and Elaine Connolly
Inspection ID: IN023589

Tel: 028 9022 2444

**Announced Care Inspection
of
Bradbury Dental Surgery**

9 October 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

Summary of Inspection

An announced care inspection took place on 9 October 2015 from 10.00 to 11.50. On the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. Some areas for improvement were identified and two requirements and six recommendations have been made.

Issues of concern were identified in relation to the recruitment and selection of staff. Issues in relation to staff recruitment had been identified during previous inspections on 10 December 2013, 12 March 2014 and 7 January 2015 and had also been discussed with the registered provider during a serious concerns meeting held at RQIA offices on 17 December 2013. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised.

Following the inspection, RQIA served a failure to comply notice in relation to Bradbury Dental Surgery in terms of Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Refer also to section 1.2 below.

The inspection also sought to assess progress with the requirements and recommendations made at the last inspection. As outlined the requirement in relation to staff recruitment had not been met and was subsumed into a failure to comply notice. The three other requirements had been met. Four of the five recommendations had been fully met. The other recommendation in relation to the management of complaints had been partially met and the relevant section was stated for the second time.

Areas for improvement which were identified 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 7 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

As outlined previously, issues of concern were identified in relation to staff recruitment. This issue had also been identified during previous inspections and discussed with the registered provider during a serious concerns meeting on 17 December 2013.

RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised. Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. The failure to comply notice relates to staff recruitment practices.

A meeting was held on 14 October 2015 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 16 December 2015.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	6

The details of the QIP within this report were discussed with Ms Dawn Montgomery, manager (registration pending) and Ms Linda McVea, Dental World Limited representative, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dental World Limited	Registered Manager: Ms Dawn Montgomery (registration pending)
Person in Charge of the Practice at the Time of Inspection: Ms Dawn Montgomery	Date Manager Registered: Registration pending
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 and complaints declaration. The report of the most recent patient satisfaction survey was not submitted to RQIA prior to the inspection. However, it was available and reviewed during the inspection.

During the inspection the inspectors met with Ms Montgomery and Ms McVea, two dental nurses and a dentist.

The following records were examined during the inspection: relevant policies and procedures, training records, five staff personnel files, job descriptions, contracts of employment, and the procedure for obtaining 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 on 7 January 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 7 January 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref:</p> <p>Regulation 19 (2) (d) and Schedule 2</p> <p>Stated: Third and final time</p>	<p>The registered provider shall not employ a person to work unless they have obtained the relevant information.</p> <p>Ensure that all staff have the required AccessNI checks prior to commencing employment</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of staff personnel records confirmed that the most recently employed member of staff had commenced work prior to receipt of a satisfactory AccessNI enhanced disclosure check.</p> <p>This requirement has not been met and has been subsumed into a Failure to Comply Notice.</p>	<p>Not Met and subsumed into a Failure to Comply Notice</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (7)</p> <p>Stated: Second time</p>	<p>Confirmation should be retained that the recommendations outlined in the legionella risk assessment have been completed. The date and signature of the staff member confirming completion should be recorded on the risk assessment.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A review of the legionella risk assessment confirmed that it had been updated in May 2015 and contained confirmation that the recommendations made had been addressed.</p> <p>This requirement has been met.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 25(2)(a)</p> <p>Stated: Second time</p>	<p>The identified dental surgeries must be refurbished on completion of the decontamination room.</p> <p>The refurbishment must include, replacing rusted cabinetry and replacing surfaces with exposed wood including skirting boards and kicker boards.</p> <p>Action taken as confirmed during the inspection:</p> <p>The dental surgeries have been refurbished. Cabinetry, surfaces and skirting boards observed were noted to be in good order with no evidence of rust or exposed wood.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 15 (7)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the Dental Unit Water Lines are being managed in line with manufacturer's guidance or in the absence of manufacturer's guidance in line with best practice outlined in HTM 01-05.</p> <p>The issues identified in relation to the use of tap water and purging the lines must be addressed.</p> <p>Action taken as confirmed during the inspection:</p> <p>The dental nurses confirmed during discussion that the dental unit water lines are being managed in accordance with best practice outlined in HTM 01-05.</p> <p>This requirement has been met.</p>	<p>Met</p>

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8 Stated: First time	Carried forward for review at the next inspection. Develop a freedom of information publication scheme.	Met
	Action taken as confirmed during the inspection: A freedom of information publication scheme was available and was reviewed. This recommendation has been met.	
Recommendation 2 Ref: Standard 9 Stated: First time	Carried forward for review at the next inspection. Establish a register of complaints and ensure all of the information in relation to complaints is recorded and retained.	Partially Met
	Action taken as confirmed during the inspection: A complaints register has been established. However, not all of the information in relation to a recent complaint had been recorded to include the outcome of the complaint. This recommendation has been partially met and the relevant section has been stated for the second time.	
Recommendation 3 Ref: Standard 11 Stated: First time	Records of staff induction should be retained and available for inspection.	Met
	Action taken as confirmed during the inspection: Staff induction records were retained in the personnel files reviewed. The dates that the staff induction had been undertaken and completed were not recorded. This was discussed with Ms Montgomery who agreed to add dates to the staff induction records. This recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Include the patient toilet area in the ongoing refurbishment programme.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The patient toilet area was viewed and it was confirmed that it was in a satisfactory condition.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>Retain confirmation that unregistered dental nurses are registered to commence the recognised dental nurse training course.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Two dental nurses are currently in training. A review of their personnel records confirmed that they are registered on a recognised dental nurse training course.</p> <p>This recommendation has been met.</p>	<p>Met</p>

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, with the exception of Buccolam for use with adults, in the event of a medical emergency. A requirement has been made.

A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the checking procedure did not include checks on the oxygen for emergency use. A recommendation has been made. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Ms Montgomery confirmed that an AED is not available in the practice and there are no formal arrangements for access to an AED within close proximity to the practice. A recommendation has been made.

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 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.

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.

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

Buccolam suitable for use with adults, in the event of a medical emergency, must be available.

The procedure for checking the emergency medicines and equipment should be further developed to include checks on the oxygen retained for use in a medical emergency.

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

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. A review of the information contained identified that the policy and procedure does not reflect that a satisfactory AccessNI enhanced disclosure check must be received prior to commencement of employment. One of the actions outlined in the failure to comply notice is to ensure that the recruitment and selection policy and procedures are reviewed and further developed to reflect legislation.

Five personnel files of staff recruited since registration with RQIA were examined. The files were well maintained and contained the following:

- 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;
- 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.

References were available in all of the files reviewed. However, in one file the reference was not from the person's most recent employer and there was no explanation regarding the reason for this. In two files only one reference was available. A requirement has been made.

In one of the records reviewed the professional indemnity insurance had expired. A recommendation has been made.

A requirement that the registered provider must not employ a person to work unless they have obtained the relevant information, which included ensuring that all staff have the required AccessNI enhanced disclosure checks in place, prior to commencing employment, had been made during the inspection on 10 December 2013. Following this inspection the regulatory responsibilities in relation to the recruitment of staff had also been outlined to the registered provider during a serious concerns meeting, at RQIA offices, on 17 December 2013.

During the announced follow-up inspection on 12 March 2014 it was established that the arrangements for obtaining an AccessNI enhanced disclosure check had not been fully implemented and subsequently new and existing staff were continuing to work without the appropriate checks being in place. A requirement to address this breach in legislation was stated for the second time. During the announced inspection on 7 January 2015 a review of the records and discussion with the registered manager confirmed that four recently employed staff had commenced employment prior to receipt of a satisfactory AccessNI enhanced disclosure check. Given that this requirement had been stated for a second time, enforcement action was considered in discussion with the Head of Programme for Nursing Homes, Independent Health Care and Pharmacy Regulation. It was concluded that enforcement action was not appropriate at that time and subsequently the requirement was stated for the third and final time.

During the announced inspection on 9 October 2015 it was again identified that the most recently employed member of staff had commenced work prior to receipt of a satisfactory AccessNI enhanced disclosure check.

Despite having raised these matters during previous inspections and during the serious concerns meeting on 17 December 2013, RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. The failure to comply notice relates to staff recruitment practices.

A meeting was held on 14 October 2015 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 16 December 2015.

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.

A 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 checks to confirm the appropriate indemnity cover are being undertaken. In one of the files examined the indemnity cover had expired.

On the day of the inspection, recruitment and selection procedures were not found to be safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need to be addressed to ensure they comply with all relevant legislation.

Five 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 review of personnel records confirmed that induction programmes are completed when new staff join the practice. The induction records reviewed did not contain a date of when staff were inducted. Ms Montgomery agreed to record the dates on the already completed induction records and any future inductions.

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 it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining a satisfactory AccessNI enhanced disclosure check, prior to commencement of employment, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, significant improvements are required in this area. Further development of the recruitment and selection policy and procedure is one of the actions outlined in the failure to comply notice.

As a result of the findings of this inspection and the continued breach in regulations around the recruitment of staff, a failure to comply notice was issued to the registered person on 14 October 2015.

Compliance with the actions outlined in the failure to comply notice must be achieved by 16 December 2015.

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 it was identified that improvements are required to ensure that recruitment procedures are compassionate.

Areas for Improvement

As outlined previously a failure to comply notice was issued to the registered provider following this inspection. The actions required to comply are outlined in the notice.

Ensure all newly recruited staff have two satisfactory references in place. One of which must be from their most recent employer.

The system in place to check the professional indemnity insurance of registered dental professionals must be reviewed to ensure it is more robust.

Number of Requirements:	1	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection we spoke with Ms Montgomery, manager, Ms McVea, Dental World Limited representative, one dentist 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.

Review of submitted questionnaires and discussion with staff evidenced that they had been provided with a job description and contract of employment/agreement. Staff also confirmed that induction programmes are in place for new staff and include 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A recommendation to establish a register of complaints and ensure all of the information in relation to complaints is recorded and retained had been made during the inspection on 7 January 2015. A review of the records confirmed that a complaints register had been established. However, not all of the information in relation to a recent complaint had been recorded to include the outcome of the complaint. The recommendation has been stated for the second time.

A review of the complaint's information for patients detailed the action to be taken by NHS patients should they wish to make a complaint. Information for private patients who wish to make a complaint was not available. A recommendation has been made in this regard.

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 reviewed during the inspection.

The review 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. The date of the patient satisfaction survey was not recorded on the report and the report did not include the number of patients surveyed. A recommendation has been made.

5.5.4 Environment

A review of the environment identified a large area which is currently being used for storage. The area is not used by patients. However, some essential service items are stored in this area including the compressor and the electrical panel. Ms Montgomery and Ms McVea were informed that following this inspection a routine estates inspection of the practice would be undertaken to review this storage area.

5.5.5 Registered Manager

RQIA were notified on 12 May 2015 that Ms Dawn Montgomery was coming forward for registration as the registered manager of three registered Dental World Limited practices, to include Bradbury Dental Surgery. However, a full and complete application for registration has not yet been received.

This was discussed with Ms Montgomery who confirmed that the outstanding documents would be submitted to RQIA as soon as possible. A requirement has been made.

Areas for Improvement

The registered person must ensure that a full and complete application, including the relevant fee is made in respect of Ms Dawn Montgomery who is coming forward to RQIA for registration as registered manager of Bradbury Dental Surgery.



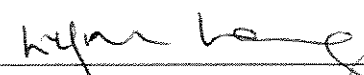
The report of the patient satisfaction survey should include the date the survey was undertaken and the number of patients surveyed.

Further develop the complaints procedure to include the action to be taken by private patients should they wish to make a complaint.

Number of Requirements:	1	Number of Recommendations:	2
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Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The registered person must ensure that Buccolam suitable for use with adults, in the event of a medical emergency, is made available.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p style="text-align: center;"><i>Completed.</i></p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The registered person must ensure that two satisfactory references are obtained for all newly recruited staff. One of the references must be from the person's most recent employer.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>We always ask for 2 references. But now have a checklist to ✓ off as they are recruited.</i></p>
<p>Requirement 3</p> <p>Ref: Article 13 (1) (2) (a) & (b) The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003</p> <p>Stated: First time</p> <p>To be completed by: 9 November 2015</p>	<p>The registered person must ensure that a full and complete application, including the relevant fee is made in respect of Ms Dawn Montgomery who is coming forward to RQIA for registration as registered manager of Bradbury Dental Surgery.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Miss Montgomery has now left Dental would we are actively looking to recruit a suitable replacement we will send in completed application forms. Once a suitable candidate is recruited or promoted.</i></p>

Recommendations	
Recommendation 1 Ref: Standard 9 Stated: Second time To be Completed by: 9 December 2015	<p>It is recommended that all of the information in relation to complaints is recorded and retained.</p> <p>This should include the outcome of complaints.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Will be from now on</i></p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 16 October 2015	<p>It is recommended that the procedure for checking the emergency medicines and equipment is further developed to include checks on the oxygen retained for use in a medical emergency.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>New list composed same as (see schedule)</i></p>
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 9 December 2015	<p>It is recommended that advice and guidance is sought from the medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>To be looked @ by management in new year</i></p>
Recommendation 4 Ref: Standard 11.2 Stated: First time To be Completed by: 9 November 2015	<p>It is recommended that the system in place to check the professional indemnity insurance of registered dental professionals is reviewed to ensure it is more robust.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>We normally check Denmis in January every year + the Nurses in July each year Going to check Gatekeeper before Denmis start back in January -</i></p>
Recommendation 5 Ref: Standard 9 Stated: First time To be Completed by: 9 December 2015	<p>It is recommended that the complaints procedure is further developed to include the action to be taken by private patients should they wish to make a complaint.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>New leaflet being compiled.</i></p>

Recommendation 6 Ref: Standard 9 Stated: First time To be Completed by: 9 December 2015	It is recommended that the report of the patient satisfaction survey includes the date of the survey and the number of patient's surveyed. <hr/> Response by Registered Person(s) Detailing the Actions Taken: <i>Asked team to make sure in future these are signed + dated & include the information for review.</i>		
Registered Manager Completing QIP		Date Completed	<i>7/12/15</i>
Registered Person Approving QIP		Date Approved	<i>4.1.16</i>
RQIA Inspector Assessing Response		Date Approved	<i>8/1/16</i>

Please ensure the QIP is completed 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(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.

