



Braden Dental Care
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Inspector: Norma Munn
Inspection ID:IN021262

**Announced Care Inspection
of
Braden Dental Care**

8 June 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 8 June 2015 from 10.00 to 12.15. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be 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

There were no further actions required to be taken following the last care inspection on 24 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	1	1

The details of the QIP within this report were discussed with Mr James Braden and Mrs Helen Braden, registered persons as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr James Braden Mrs Helen Braden	Registered Manager: Mr James Braden
Person in Charge of the Practice at the Time of Inspection: Mr James Braden	Date Manager Registered: 23 September 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

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 Mr James Braden and Mrs Helen Braden, registered persons, two dental nurses and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions and contracts of employment.

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 24 June 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 24 June 2014

As above

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, with the exception of an automated external defibrillator (AED). Mr Braden confirmed that an AED

had been ordered. Following the inspection an email was received on 29 June 2015 from Mr Braden confirming delivery of the AED into 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. A record was available which evidenced that emergency medicines and equipment had been checked on a monthly basis.

Discussion with staff demonstrated that recording and reviewing patients' medical histories is given high priority in this practice. These were not reviewed during this inspection.

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.

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- 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.

There was no evidence to show that written references had been obtained for all three members of staff. Discussion with Mrs Braden confirmed that the references had been sought verbally; however a record had not been made in the personnel files examined.

Evidence that an enhanced Access NI check was in place for all three members of staff. Discussion with Mr Braden confirmed that two of these checks had been received prior to commencement of employment and one had been received after commencement of employment. Mr Braden confirmed that the practice have subsequently put a system in place to ensure that Access NI checks are in place prior to new staff commencing work.

A staff register was not retained however, a staffing list was held at the front of each file 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. Following the inspection a staff register was subsequently provided by email on 2 July 2015.

Mr Braden 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?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure references are bona fide.

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

Discussion with three 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, it was identified that some improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Compassionate?

Recruitment and selection procedures, including obtaining an enhanced Access NI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, review of three staff personnel files demonstrated that enhanced Access NI checks had been undertaken. However, one of the checks undertaken had been received by the practice after the commencement of employment. The importance of obtaining enhanced Access NI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr James Braden.

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 some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

Access NI checks must be received prior to any new staff commencing work in the practice.

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).

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, the inspector spoke with Mr James Braden and Mrs Helen Braden, registered persons, two dental nurses and one receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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 evidence provided in 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr James Braden and Mrs Helen Braden, registered persons as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons/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 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

Statutory Requirements

Requirement 1

Ref: Regulation 19 (2)
Schedule 2

Stated: First time

To be Completed by:
8 June 2015

The registered person must ensure that enhanced Access NI checks are undertaken and received prior to the commencement of employment for any new staff recruited.

Response by Registered Person(s) Detailing the Actions Taken:

As outlined to the inspector on the day of our inspection we have robust systems and procedures in place to ensure that enhanced access NI checks are undertaken and received prior to the commencement of employment for any new staff member.

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: First time

To be Completed by:
6 July 2015

It is recommended that 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.

Response by Registered Person(s) Detailing the Actions Taken:

We are fully aware that written references are required for newly recruited staff and we have systems in place to ensure that this happens on every occasion. This was outlined to the inspector on the day of our inspection.

Registered Manager Completing QIP	JIM BRADEN	Date Completed	4/7/15
Registered Person Approving QIP	JIM BRADEN	Date Approved	4/7/15
RQIA Inspector Assessing Response	Nona Ann.	Date Approved	21/7/15

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

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

PLEASE E-MAIL ME TO CONFIRM RECEIPT OF THIS RESPONSE.

DRAFT