



The Regulation and
Quality Improvement
Authority

The Portland Practice
RQIA ID: 11407
2 Portland Avenue
Newtownabbey
BT36 5EY

Inspector: Emily Campbell
Inspection ID: IN022934

Tel: 028 9083 2202

**Announced Care Inspection
of
The Portland Practice

18 September 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 18 September 2015 from 9.50 to 11.20. Overall on the day of the inspection the management of medical emergencies was generally found to be safe effective and compassionate. The management of recruitment and selection was found to be safe, effective and compassionate. An area for improvement was identified and is 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 21 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	1

The details of the QIP within this report were discussed with Mr Bryan Turner, 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: Mr Bryan Turner	Registered Manager: Mr Bryan Turner
Person in Charge of the Practice at the Time of Inspection: Mr Bryan Turner	Date Manager Registered: 07 October 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Mr Turner, registered person and one dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and the process for recording 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 21 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 21 November 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The overflows of the dedicated stainless steel hand washing basins in dental surgeries should be blanked off using a stainless steel plate sealed with antibacterial mastic. Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.	Met
Recommendation 2 Ref: Standard 13 Stated: First time	The detail of the daily automatic control test (ACT) for the steriliser should be recorded in the logbook. Action taken as confirmed during the inspection: Review of the steriliser logbook evidenced that the detail of the ACT is recorded daily.	Met

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Turner and the dental nurse 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 Mr Turner and the dental nurse 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 in general, 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. Pre-filled adrenaline for administration in the event of anaphylaxis was available in an adult dose only; however, Mr Turner confirmed by email on the day following the inspection that adrenaline suitable for the administration to children had been ordered. The practice does not have an automated external defibrillator (AED). Mr Turner advised that he is considering purchasing an AED and was currently researching which model to buy. 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.

Mr Turner advised that although verbal review of medical histories is undertaken at each new course of treatment, this is not always recorded and he is currently making arrangements to address this.

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 Mr Turner and the dental nurse 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 Turner and the dental nurse 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 Mr Turner and the dental nurse 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

The availability of an AED should be reviewed. Mr Turner should seek advice and guidance from his medico-legal advisor in this regard.

Number of Requirements:	0	Number of Recommendations:	1
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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.

One personnel file of a staff member recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received;
- two written references;
- 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; and
- confirmation that the person is physically and mentally fit to fulfil their duties.

The enhanced AccessNI check was not received until after the commencement of employment. A requirement had been made in this regard during a previous inspection on 4 July 2012 and it was evidenced on review that the requirement had been addressed. Mr Turner has not employed any new staff since then and he confirmed that enhanced AccessNI checks would be obtained prior to any new staff commencing work. A criminal conviction declaration was not obtained, however, since that time the recruitment policy and procedure has been revised and this includes obtaining a criminal conviction declaration. The template for recording this was developed during the inspection.

A staff register was retained containing staff details including, name, position; date of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. This was further developed during the inspection to include dates of birth and date of leaving.

Mr Turner confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Review 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 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.

One personnel file was reviewed. It was noted that the file included a contract of employment and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one evidenced that induction programmes are completed when new staff join the practice.

Discussion with the dental nurse confirmed that they had been provided with a job description, contract of employment and had received induction training when they commenced work in the practice.

Discussion with the dental nurse 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. As discussed, Mr Turner is aware of the need to obtain checks prior to the commencement of employment.

Discussion with Mr Turner and the dental nurse demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Turner and the dental nurse 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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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 Turner, registered person, and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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. Mr Turner was advised that a date should be identified on patient satisfaction reports. Ways in which the patient satisfaction questionnaire could be further developed to incorporate views about broader aspects of the service provided were also discussed.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Turner, 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 12.4 Stated: First time To be Completed by: 18 December 2015	<p>It is recommended that the availability of an automated external defibrillator (AED) is reviewed. Mr Turner should seek advice and guidance from his medico-legal advisor in this regard.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: AED situation is currently under review. It is my intention to purchase an AED in time for our next training session with Survival linx in January 2016. I am currently sourcing a suitable model for this purpose</p>
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Registered Manager Completing QIP	Bryan Turner	Date Completed	7/10/15
Registered Person Approving QIP	Bryan Turner	Date Approved	7/10/15
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	12.10.15

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