



The **Regulation** and
Quality Improvement
Authority

Broughshane Dental Practice
RQIA ID: 11408
25 Main Street
Broughshane
Ballymena
BT42 4JW

Inspector: Emily Campbell
Inspection ID: IN023622

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Announced Care Inspection
of
Broughshane Dental Practice

27 January 2016

1. Summary of Inspection

An announced care inspection took place on 27 January 2016 from 9.50 to 11.20. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Further development is needed to ensure the management of recruitment and selection is safe, effective and compassionate. The summary of patient satisfaction surveys also needs to be further developed to provide a more detailed overview. 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 8 October 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	3

The details of the QIP within this report were discussed with Mr Garvin Craig, 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 Garvin Craig	Registered Manager: Mr Garvin Craig
Person in Charge of the Practice at the Time of Inspection: Mr Garvin Craig	Date Manager Registered: 25 January 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1

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 Craig, registered person and two dental nurses.

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

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 08 October 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 08 October 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 14.2 Stated: First time	The exposed wood on the staircase should be sealed.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.	

Recommendation 2 Ref: Standard 13 Stated: First time	The location of items on the worktop of the surgery should be reviewed to facilitate easier cleaning.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Craig and 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 Mr Craig and 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 a self-inflating bag with reservoir suitable for use with a child and a child size clear face mask. Mr Craig confirmed by email on 28 January 2016, that these items had been ordered. 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 Mr Craig and 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 found to be safe.

Is Care Effective?

The policy for the management of medical emergencies required further development to include incident documentation and staff debriefing. A revised policy was emailed to RQIA on the day following the inspection which reflects best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Craig and 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 Craig and 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 Mr Craig and 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?

Review of the recruitment policy and procedure evidenced that it lacked detail. However, a revised policy and procedure was emailed to RQIA on 28 January 2016 which 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 received prior to commencement of employment;
- two written references;
- 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.

A criminal conviction declaration was not retained in staff files; however, Mr Craig confirmed that he verbally checks this at interview. Details of full employment history, including an explanation of any gaps in employment was not obtained in respect of one staff member. A recommendation was made that this information is obtained in respect of the staff member and any new staff recruited.

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.

Mr Craig has current professional indemnity which also covers dental nurses. There are no other staff in the practice who require individual professional indemnity. However, Mr Craig is aware of the need to monitor the professional indemnity status of any staff who commence working in the practice who require personal professional indemnity.

On the day of the inspection it was identified that further development is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

The revised recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed, review of personnel files evidenced that an employment history had not been obtained in respect of one staff member.

Staff spoken with and staff who submitted questionnaire responses confirmed that they had been issued with job descriptions and contracts of employment. However copies of contracts of employment were not retained in the two personnel files reviewed. A recommendation was made in this regard.

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.

The two dental nurses spoken with confirmed that staff receive 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 further development is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of the revised 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. Enhanced AccessNI checks are obtained prior to new staff commencing employment.

Discussion with Mr Craig and 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 Mr Craig and staff 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

A criminal conviction declaration and details of full employment history, including specific dates of employment, reasons for leaving and an explanation of any gaps in employment should be obtained in respect of the identified staff member and any new staff recruited.

Copies of contracts of employment/agreement should be retained in personnel files.

Number of Requirements:	0	Number of Recommendations:	2
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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 Craig and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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 provided during the inspection.

The summary of the patient satisfaction survey lacked detail in respect of the number of patients who participated, the outcome of the collation of responses in respect of the individual questions within the questionnaires, comments and any actions taken as a result of the findings of the survey to improve the quality of treatment and other services provided. A recommendation was made in this regard.

Review of the process for obtaining the views of patients and discussion with Mr Craig 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.

Areas for Improvement

The summary of future patient satisfaction surveys should be further developed.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Garvin Craig, 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 11.1 Stated: First time To be Completed by: 12 February 2016	A criminal conviction declaration and details of full employment history, including specific dates of employment, reasons for leaving and an explanation of any gaps in employment should be obtained in respect of the identified staff member and any new staff recruited.		
	Response by Registered Person(s) Detailing the Actions Taken: complete		
Recommendation 2 Ref: Standard 11 Stated: First time To be Completed by: 27 March 2016	Copies of contracts of employment/agreement should be retained in staff personnel files.		
	Response by Registered Person(s) Detailing the Actions Taken: complete		
Recommendation 3 Ref: Standard 9 Stated: First time To be Completed by: 27 April 2016	The summary of future patient satisfaction surveys should include the number of patients who participated, the outcome of the collation of responses in respect of the individual questions within the questionnaires, comments and any actions taken as a result of the findings of the survey to improve the quality of treatment and other services provided.		
	Response by Registered Person(s) Detailing the Actions Taken: ongoing project		
Registered Manager Completing QIP	Garvin Craig	Date Completed	2/3/16
Registered Person Approving QIP	Garvin Craig	Date Approved	2/3/16
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	8.3.16

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