



The Regulation and
Quality Improvement
Authority

Brunswick Dental Practice
RQIA ID: 11409
38 Brunswick Road
Bangor
BT20 3DU

Inspector: Norma Munn
Inspection ID: IN023683

Tel: 028 9146 2234

**Announced Care Inspection
of
Brunswick Dental Practice**

26 November 2015



The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 26 November 2015 from 10.00 to 12.30. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. It was found that improvements in 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

No actions were required to be taken following the last care inspection on 2 September 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	4

The details of the QIP within this report were discussed with Mrs Emma Prentice, registered person and Ms Fiona Cowan, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Emma Prentice	Registered Manager: Mrs Emma Prentice
Person in Charge of the Practice at the Time of Inspection: Mrs Emma Prentice	Date Manager Registered: 4 January 2012
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:

The following records had not been submitted prior to the inspection: staffing information, patient consultation report and complaints declaration. However, staffing information, the management of complaints and the patients' satisfaction survey was discussed on the day of the inspection.

During the inspection the inspector met with Mrs Emma Prentice, registered person, Ms Fiona Cowan, practice manager, one associate dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and the arrangements for reviewing 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 2 September 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 2 September 2014

As above.

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mrs Prentice 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 Mrs Prentice 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children. The self-inflating bag was ordered during the inspection. It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs Prentice was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

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 Mrs Prentice 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 needs further developed to include the location and checking of emergency medicines and equipment and the arrangements regarding incident documentation and staff debriefing. A recommendation has been made. 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 generally 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

The policy for the management of medical emergencies needs further development in line with best practice.

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.

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

- evidence that an enhanced AccessNI check was received prior to commencement of employment
- one written reference in one file
- details of full employment history, including an explanation of any gaps in employment in one file
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- criminal conviction declaration in one file
- confirmation that the person is physically and mentally fit to fulfil their duties in two files and
- evidence of professional indemnity insurance, where applicable

Two of the files did not contain references, details of employment history or a criminal conviction declaration and one file did not contain confirmation that the person is physically and mentally fit to fulfil their duties. None of the files reviewed contained positive proof of identity. Mrs Prentice was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation has been made.

A staff register was developed following the inspection containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. RQIA received an electronic email following the inspection to confirm that dates of birth had been added to the register. Mrs Prentice is aware that this is a live document that should be kept up to date.

Mrs Prentice confirmed that a system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. However, a review of the principal dentist's indemnity evidenced that it did not cover registered dental nurses working in the practice. This was discussed with Mrs Prentice who readily agreed to address this issue on the day of the inspection.

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?

As discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Discussion with Mrs Prentice confirmed that staff have been provided with a job description, and have received induction training when they commenced work in the practice. Records of job descriptions were retained in the files reviewed however, records of inductions had not been retained in two of the files reviewed. This was discussed with Mrs Prentice and a recommendation has been made.

It was noted that one file contained a contract of employment/agreement however; two of the files did not include a contract/agreement. Mrs Prentice confirmed that she is currently updating contracts and will ensure that all staff will have a contract/agreement in place. A recommendation has been made.

Induction programme templates are in place relevant to specific roles within 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?

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

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 recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition, proof of identity including a recent photograph should be added to the identified staff personnel files.

A record of induction should be retained for each staff member

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts should be retained in the personnel files of any new staff recruited.

Number of Requirements:	0	Number of Recommendations:	3
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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 Emma Prentice, registered person, Ms Fiona Cowan, practice manager, one associate dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that not all staff were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that although induction programmes are now in place for new staff which includes the management of medical emergencies, two staff did not have medical emergencies included in their induction. This was discussed with Mrs Prentice. 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 questionnaire was not returned to RQIA prior to the inspection. Discussion with Mrs Prentice confirmed that complaints have been managed in accordance with best practice.

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. The questionnaire was not returned to RQIA prior to the inspection.

Review of the most recent patient satisfaction report during the inspection 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 Emma Prentice, registered manager and Ms Fiona Cowan, practice 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 Statutory Requirements

This section outlines the actions which must be taken so that the registered person 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 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 report should be returned to independent.healthcare@rqia.org.uk and it will be 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 12.1 Stated: First time To be Completed by: 26 February 2016	It is recommended that the policy for the management of medical emergencies is further developed in line with best practice. Response by Registered Person(s) Detailing the Actions Taken: <i>Completed immediately (Nov 15).</i>
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 26 November 2015	It is recommended that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity including a recent photograph is to be added to the identified staff personnel files. Response by Registered Person(s) Detailing the Actions Taken: <i>Recent photograph + I.D. now replaced in file with "photographic I.D."</i>
Recommendation 3 Ref: Standard 11.3 Stated: First time To be Completed by: 26 November 2015	It is recommended that a record of induction is retained for each staff member. Response by Registered Person(s) Detailing the Actions Taken: <i>Available for all new staff. (Nov 15).</i>
Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 26 November 2015	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts/agreements should be retained in the personnel files of any new staff recruited. Response by Registered Person(s) Detailing the Actions Taken: <i>Contracts renewed - Records retained as per Policy.</i>

Registered Manager Completing QIP	<i>[Signature]</i>	Date Completed	Jan 15
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	Jan 15
RQIA Inspector Assessing Response	Norma Mann	Date Approved	21.03.2016

*Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk *