



The **Regulation** and
Quality Improvement
Authority

**Knock Orthodontic Practice & Coulter's
Dental Surgery**
RQIA ID: 11410
416 Upper Newtownards Road
Belfast
BT4 3EZ

Inspector: Stephen O'Connor
Inspection ID: IN021250

Tel: 028 9065 3031

**Announced Care Inspection
of
Knock Orthodontic Practice & Coulter's Dental Surgery
11 May 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

1. Summary of Inspection

An announced care inspection took place on 11 May 2015 from 09:50 to 11:10. Overall on the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. Improvements in recruitment and selection procedures are needed to ensure they are 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) Regulation 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 27 August 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	4

The details of the QIP within this report were discussed with Mr Coulter, responsible 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 William Coulter Mrs Carol Juanita Coulter	Registered Manager: Mr William Coulter
Person in Charge of the Practice at the Time of Inspection: Mr William Coulter Mrs Juantia Coulter	Date Manager Registered: 13 March 2012
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, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr Coulter, responsible person, a receptionist and a trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and three 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 27 August 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 27 August 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.1 Stated: First time	The flooring in the surgeries should be sealed at the edges where it meets the wall and the kicker boards of the cabinetry.	Met
	Action taken as confirmed during the inspection: It was observed that the floor in the ground floor surgery had been sealed as recommended. Mr Coulter confirmed that the flooring in the first floor surgeries have also been sealed. This recommendation has been addressed.	

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, with the exception of an automated external defibrillator (AED), is retained in the practice. Mr Coulter advised that AED's are located in two health centres which are in close proximity to the dental practice and that these AED's could service the dental practice if required.

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 staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall 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.

Overall 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.

Overall 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
--------------------------------	----------	-----------------------------------	----------

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, with the exception of the procedure for obtaining enhanced AccessNI checks.

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

- none of the files included positive proof of identity, or a recent photograph;
- no written references in any of the three files;
- they did not include details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- no criminal conviction declaration by the applicants;

- no confirmation that the person is physically and mentally fit to fulfil their duties; and
- no evidence of professional indemnity insurance, where applicable.

Two staff files reviewed confirmed that an enhanced AccessNI check was received after employment had commenced and no AccessNI information in relation to the third staff member was available for review. This was discussed with Mr Coulter who confirmed that in relation to the third staff member he had the AccessNI disclosure certificate at his home.

It was noted that the original AccessNI disclosure certificates were retained in the practice for two staff, this was discussed with Mr Coulter as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

It was observed that the staff files did not contain two written references; this was discussed with Mr Coulter who confirmed that he had obtained verbal references in respect of these staff. Advice was provided on how the practice might evidence that a written reference had been sought, and how to record a verbal reference to evidence the source of the reference.

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.

Documentation confirming the indemnity status of Mr and Mrs Coulter and the indemnity status of staff employed in the practice was not available for review. Mr Coulter confirmed that he has this documentation at home. Mr Coulter was advised that this documentation should be retained in the practice.

Overall on the day of the inspection, it was identified that some improvements are necessary to ensure recruitment and selection procedures are safe.

Is Care Effective?

As previously identified, the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation.

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

Discussion with Mr Coulter 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.

Overall 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?

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed an enhanced AccessNI disclosure had not been received in respect of the two most recently recruited staff members prior to them commencing work in the practice. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Coulter.

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.

Overall on the day of the inspection recruitment and selection procedures were found to be in need of further development to ensure they are compassionate.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and 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) 2005.

AccessNI disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Documentation confirming the indemnity arrangements of all staff working in the practice should be retained in the practice.

Number of Requirements:	1	Number of Recommendations:	4
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Coulter, a receptionist and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required. This was discussed with Mr Coulter who confirmed that he did not recall receiving questionnaires for staff.

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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between the 1 January 2014 and the 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 the Regulation and Quality Improvement Authority (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 Coulter, responsible 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 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

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 11 June 2015 and ongoing</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Will review procedures to ensure enhanced accessNI checks take place prior to new staff commencing work.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 11 July 2015</p>	<p>It is recommended that the recruitment policy and procedure should be further developed to include information regarding enhanced AccessNI disclosures, job descriptions and contracts of employment/agreement.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>will update files where necessary</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 11 June 2015</p>	<p>It is recommended that in respect of any new staff commencing work in the practice that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files.</p> <p>In respect of the three staff who commenced work since the practice registered with RQIA the following documentation should be included in their personnel files:</p> <ul style="list-style-type: none"> • 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; • confirmation that the person is physically and mentally fit to fulfil their duties; and • evidence of professional indemnity insurance, where applicable.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>will update files where necessary</p>
<p>Recommendation 3</p>	<p>It is recommended that AccessNI disclosure certificates should be</p>

Ref: Standard 11.1 Stated: First time To be Completed by: 11 June 2015 and ongoing	handled in keeping with AccessNI Code of Practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.		
	Response by Registered Person(s) Detailing the Actions Taken: will update files where necessary		
Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 11 June 2015 and ongoing	It is recommended that copies of the indemnity certificates for the registered providers and staff who are employed by the practice must be retained in the practice.		
	Response by Registered Person(s) Detailing the Actions Taken: will update file where necessary		
Registered Manager Completing QIP	w. coulter	Date Completed	1/8/15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	18/08/15

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