

**Announced Care Inspection
of
Castle Dental Studio**

15 April 2015

1. Summary of Inspection

An announced care inspection took place on 15 April 2015 from 08.30 to 10.25. Overall on the day of the inspection the practice was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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 Inspection

There were no requirements or recommendations made following the previous care inspection on 7 May 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 Declan O'Neill as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Declan O'Neill Julie Ann Baxtor	Registered Manager: Declan O'Neill
Person in Charge of the Practice at the Time of Inspection: Declan O'Neill	Date Manager Registered: 27 February 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Declan O'Neill and staff.

The following records were examined during the inspection: relevant policies and procedures, training records, staff personnel files, job descriptions, contracts of employment, and information in relation to the process for obtaining patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection dated 7 May 2014. No requirements or recommendations were made during this inspection.

5.2 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). 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 O'Neill confirmed that an AED is not available in the practice and there are no formal arrangements for access to an AED within close proximity to the practice.

Discussion with 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 it was identified that with the exception of the provision of an AED the management of medical emergencies is 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 we found the arrangements for managing a medical emergency within the practice 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 we found care to be compassionate.

Areas for Improvement

Advice and guidance should be sought in regards to the provision of an AED.

Number of Requirements	0	Number Recommendations:	1
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5.3 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available in the practice. The policy was comprehensive reflecting best practice guidance.

There has been no new staff recruited at this practice since registration with RQIA. Mr O'Neill confirmed that interviews for new staff have recently been undertaken. Mr O'Neill is aware of his responsibilities in terms of staff recruitment which includes ensuring the following are in place prior to the commencement of employment:

- positive proof of identity, including a recent photograph;
- a satisfactory enhanced AccessNI check prior to commencement of employment;
- 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;
- criminal conviction declaration on application;
- confirmation of physical and mental health;
- evidence of professional indemnity insurance, where applicable.

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 O'Neill 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 we found recruitment and selection procedures 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.

A review of the records and discussion with Mr O'Neill confirmed that contracts of employment and job descriptions were in place for staff.

Induction programmes are in place relevant to specific roles are completed when new staff join the practice.

Staff confirmed on the returned questionnaires that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

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.

On the day of the inspection we found recruitment and selection to be compassionate within the practice.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four were returned to RQIA within the timescale required.

Review of submitted questionnaires evidenced that staff were provided with a job description and contract of employment on commencing work in the practice. It was 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. One member of staff on a returned questionnaire commented:

“I believe we provide a very high standard of treatment/care. Cross infection control practice is very important at our practice”.

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 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. 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 issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Declan O'Neill 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 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.

6.2 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) 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/manager 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/manager 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: 10 July 2015	It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.		
	Response by Registered Manager Detailing the Actions Taken: I HAVE CONSULTED WITH DENTAL PROTECTION SOCIETY WHO ADVISED ME THAT I SHOULD CARRY OUT A RISK ASSESSMENT RE NOT HAVING AN AED ON PREMISES. THIS I HAVE CARRIED OUT. WE HAVE DECIDED THAT ALTHOUGH WE HAVE NEVER HAD A MAJOR INCIDENT IN THE 11 YEARS WE HAVE OPERATED AT CASTLE DENTAL STUDIO, THIS IS NOT AN INDICATOR FOR THE FUTURE. WE HAVE DECIDED THAT IT IS OUR OBJECTIVE TO PURCHASE AN AED FOR THE PRACTICE BEFORE THE END OF 2015		
Registered Manager Completing QIP	DECLAN O'NEILL.	Date Completed	28/07/2015
Registered Person Approving QIP	DECLAN O'NEILL	Date Approved	28/07/2015
RQIA Inspector Assessing Response	Philip Colgan	Date Approved	29/09/2015

Please ensure the QIP is completed in full and returned to RQIA's office (non- paperlite) from the authorised email address