



The **Regulation** and
Quality Improvement
Authority

Stormont Dental Care
RQIA ID: 11427
502 Upper Newtownards Road
Belfast
BT4 3HB

Inspector: Philip Colgan
Inspection ID: IN023423

Tel: 028 9065 3678

**Announced Care Inspection
of
Stormont Dental Care**

6 October 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 6 October 2015 from 8.40am to 10.05am. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate.

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 four recommendations made following the previous care inspection on 16 December 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 was discussed with Mrs Louise Taggart, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Mrs Louise Taggart	Registered Manager: Mrs Louise Taggart
Persons in Charge of the Practice at the Time of Inspection: Mrs Louise Taggart	Date Manager Registered: 17 August 2012
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 Mrs Louise Taggart, registered person and one dental nurse.

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 the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 16 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Recommendations from the last Care Inspection dated 16 December 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Sharps containers suitable for the disposal of pharmaceutical waste should be provided. The management and disposal of waste policy should be further developed to include pharmaceutical waste arrangements.	Met
	Action taken as confirmed during the inspection: Sharps containers suitable for the disposal of pharmaceutical waste were observed by the inspector and examination of the management and disposal of waste policy confirmed that this recommendation has been met.	
Recommendation 2 Ref: Standard 13 Stated: First time	A waterproof or easy clean computer key board should be provided for use in all clinical areas.	Met
	Action taken as confirmed during the inspection: Discussion with Mrs Taggart and inspection of the computer key boards evidenced that this recommendation has been met.	
Recommendation 3 Ref: Standard 13 Stated: First time	The legionella risk assessment should be further developed to include; <ul style="list-style-type: none"> • the control measures in place to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures. Records must be retained for inspection; and • a current schematic diagram showing all major components of the water system should be provided. 	Met
	Action taken as confirmed during the inspection: Discussion with Mrs Taggart and review of documentation evidenced that this recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>Arrangements should be in place for consultation with patients, on at least an annual basis.</p> <p>The results of the patient consultation should be collated in a summative report and made available to patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mrs Taggart and review of documentation evidenced that this recommendation has been met.</p>		

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 is retained in the practice. 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.

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.

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.

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?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Two 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;
- 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 that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

No photographic identification was retained in each of the personnel files examined.

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.

Mrs Taggart 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, recruitment and selection procedures were found to be generally 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.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description. As previously stated no photographic identification of the staff members was retained in the personnel files.

Induction programme templates are in place relevant to specific roles within the practice.

Discussion with Mrs Taggart 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.

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 generally 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.

Areas for Improvement

Photographic identification of staff members should be retained in the staff files.

Number of Requirements:	0	Number of Recommendations:	1
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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 Taggart, registered person, and one dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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 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 responses also 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 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.

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	It is recommended that photographic identification of each staff member is retained in the staff file.
Ref: Standard 11.1	Response by Registered Person(s) Detailing the Actions Taken: <i>Completed.</i>
Stated: First time	
To be Completed by: 6 October 2015	

Registered Manager Completing QIP		Date Completed	20/11/15
Registered Person Approving QIP		Date Approved	20/11/15
RQIA Inspector Assessing Response		Date Approved	24/11/15

Please provide any additional comments or observations you may wish to make below:

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

