



The **Regulation** and
Quality Improvement
Authority

Cliftonville Dental Practice
RQIA ID: 11436
46 Cliftonville Road
Belfast
BT14 6JY

Inspector: Stephen O'Connor
Inspection ID: IN21225

Tel: 028 9035 1372

**Announced Care Inspection
of
Cliftonville Dental Practice**

13 April 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 13 April 2015 from 09:50 to 11:40. 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. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within 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) 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 inspection on 17 July 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 Jeremy Turk, registered provider, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Jeremy Turk	Registered Manager: Mr Jeremy Turk
Person in Charge of the Practice at the Time of Inspection: Mr Jeremy Turk	Date Manager Registered: 7 December 2011
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 one associate dentist and a dental nurse.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection undertaken on the 17 July 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 17 July 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13	Results of the daily automatic control test should be recorded in the logbooks for the DAC Universal and steam steriliser.	Met
	Action taken as confirmed during the inspection: Logbooks are available for the steam sterilisers and the DAC Universal. Review of the logbooks demonstrated that the results of the daily automatic control test are recorded.	
Recommendation 2 Ref: Standard 13	Overflows in all dedicated hand washing basins should be blanked off using a stainless steel plate and sealing them with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: It was observed that the overflows in the stainless steel hand washing basins have been blanked off as recommended.	

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.

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
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available in the practice. The recruitment policy did not include the procedure for AccessNI checks in regards to new staff.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However Mr Turk confirmed that the staff personnel files in place would require further development to ensure that they contain all the necessary documents. The inspector discussed the documents to be included in staff personnel files for any new staff that commence work in the future as follows:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to 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.

A staff register was retained containing staff details including, name, date of birth, position; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended by Mr Turk during the inspection to include dates of employment.

Mr Turk 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.

Overall on the day of the inspection we found that some improvement is needed to ensure that recruitment and selection procedures are 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.

Discussion with Mr Turk demonstrated that self-employed dental professionals who work in the practice do not have a contract. This is not in keeping with best practice guidance.

Induction programme templates are in place relevant to specific roles within the practice. Mr Turk confirmed that induction programmes will be completed when new staff commence 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 recruitment and selection procedures were found to be effective.

Is Care Compassionate?

In the main 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.

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 compassionate.

Areas for Improvement

Recruitment policies and procedures should be further developed.

All staff who work in the practice should have a contract.

Staff personnel files should include all relevant information.

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 an associate dentist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Ten were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that in the main staff were provided with a job description and contract of employment on commencing work in the practice. One clinical staff member who submitted a questionnaire indicated that they had not been provided with a job description or contract. As discussed previously a recommendation was made to address this. 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 complaints have been managed in accordance with best practice.

Discussion with Mr Turk demonstrated that should the practice receive a complaint the details of the complaint are recorded on the patient's notes. This is not in keeping with GDC guidance and best practice.

It is recommended that a system should be developed to ensure that a written record is retained of all complaints. This record should be separate from the patient records. The complaints record should include the following:

- Details of the complainant;
- Issues raised;
- Details of the investigation findings- including any actions taken to resolve the complaint if applicable;
- Outcome of the complaint investigation;
- Whether the complainant was satisfied with the outcome; and
- Learning taken from the complaints investigation and actions taken to improve the service if appropriate.

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 Turk, registered provider, 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 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	
<p>Recommendation 1</p> <p>Ref: Standard 11.1 Stated: First time</p> <p>To be Completed by: 13 June 2015</p>	<p>It is recommended that the recruitment policy and procedures should be further developed to include the procedure for obtaining enhanced AccessNI disclosures for new staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy will be updated to reflect this advice</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1 Stated: First time</p> <p>To be Completed by: 13 June 2015</p>	<p>It is recommended that all staff who work in the practice are provided with a contract.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Already actioned</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1 Stated: First time</p> <p>To be Completed by: 13 June 2015</p>	<p>It is recommended that a review of the procedure for establishing new staff personnel files is undertaken to ensure that any new files created will include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New staff personnel files will include necessary information.</p>
<p>Recommendation 4</p> <p>Ref: Standard 9.3 Stated: First time</p> <p>To be Completed by: 13 June 2015</p>	<p>It is recommended that a system should be developed to ensure that a written record is retained of all complaints. This record should be separate from the patient records. The complaints record should include the following:</p> <ul style="list-style-type: none"> • Details of the complainant; • Issues raised; • Details of the investigation findings- including any actions taken to resolve the complaint if applicable; • Outcome of the complaint investigation; • Whether the complainant was satisfied with the outcome; and • Learning taken from the complaints investigation and actions taken to improve the service if appropriate. • <p>Response by Registered Person(s) Detailing the Actions Taken: Already actioned</p>

Registered Manager Completing QIP	Jeremy Turk	Date Completed	29/5/2015
Registered Person Approving QIP	Jeremy Turk	Date Approved	29/5/2015
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	29/05/2015

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