



The Regulation and
Quality Improvement
Authority

Coalisland Dental
RQIA ID: 11440
24 Barrack Street
Coalisland
BT71 4LS

Inspector: Stephen O'Connor
Inspection ID: IN022365

Tel: 028 87740995

**Announced Care Inspection
of
Coalisland Dental**

10 July 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 10 July 2015 from 09:50 to 12:20. 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 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 01 April 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	2

The details of the QIP within this report were discussed with Mr James Kelly, registered 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 James Kelly	Registered Manager: Mr James Kelly
Person in Charge of the Practice at the Time of Inspection: Mr James Kelly	Date Manager Registered: 12 January 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 Mr James Kelly, registered person, and two dental nurses, one of whom primarily works on reception.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 01 April 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 01 April 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	In keeping with best practice guidance sharps containers should be wall mounted at the point of use.	Met
	Action taken as confirmed during the inspection: It was observed that the sharps containers in surgery two and the decontamination room were wall mounted and signed and dated on assembly.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>In the interests of infection prevention and control and to aid effective cleaning the damaged floor covering in surgery two should be repaired/replaced.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>It was observed that the floor in surgery two has been replaced. The new flooring is impervious and coved at the edges in keeping with best practice guidance.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Review the position of the illuminated magnification device to facilitate a dirty to clean flow in the decontamination room.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A dental nurse confirmed that following the previous inspection the position of the illuminated magnification device was reviewed and the device was repositioned. It was observed that the position of the illuminated magnification device is in keeping with the dirty to clean flow as outlined in best practice guidance.</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 Mr Kelly and staff demonstrated 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. It was observed the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Kelly was advised that when the current format of 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.

Mr Kelly confirmed that the practice does not have an automated external defibrillator (AED), however the practice has timely access to an AED located in the GP surgery next door, and a protocol on the use of the AED is available.

It was observed that clear face masks suitable for use with adults are available, however clear face masks suitable for use with children as recommended by the Resuscitation Council (UK) guidance are not available.

Discussion with Mr Kelly and staff and review of electronic records 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 generally 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 Mr Kelly and 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 Mr Kelly and 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

Clear face masks suitable for use with children as outlined in the Resuscitation Council (UK) minimum equipment list should be provided.

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.

Two staff have commenced work in the practice since registration with RQIA. One staff member is employed directly by the practice and one is self-employed. Mr Kelly confirmed that he was not aware that he had to retain the same recruitment documentation for both members of staff.

In relation to the self-employed staff member, the following was noted:

- positive proof of identity, including a recent photograph; and
- a copy of the contract/agreement with the practice.

In relation to the staff member directly employed by the practice, the following was noted:

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

The arrangements for enhanced AccessNI checks were reviewed. In one of the files reviewed it was identified that the original AccessNI check was retained indicating that the check was received after the staff member commenced work. In the second file Mr Kelly had a written record confirming that the check was received prior to the staff member commencing work. However, the serial number of the check had not been recorded.

The files did not include a criminal conviction declaration by applicants, or evidence that references had been sought.

A staff register containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable was established during the inspection.

Mr Kelly 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are safe

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they 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.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Kelly and staff demonstrated 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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. As previously stated, review of two staff personnel files demonstrated that enhanced AccessNI checks had been undertaken, however one of the checks had been received by the practice after commencement of employment, and the original AccessNI check had been retained. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice and the handling of AccessNI checks was discussed with Mr Kelly.

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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

AccessNI checks must be received prior to any new staff commencing work in the practice. AccessNI checks should be handled in keeping with best practice guidance.

Staff personnel files, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	1	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 Mr Kelly, and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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/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. One of the submitted questionnaires included the following comment:

- “I am confident that all members of staff are adequately trained and well aware of their pivotal role within the team. We work together to provide a high quality of care to our patients”.

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 no complaints have been received for the period 1 January 2014 to 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 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 James Kelly, registered 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 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 QIP will be returned to RQIA 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 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 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: 10 July 2015</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new staff recruited.</p> <p>The date the AccessNI check was received, the serial number of the check, the name of the person who reviewed the check and the outcome of the review should be recorded.</p> <p>Response by Registered Person Detailing the Actions Taken: <i>All new staff will have an access ni check carried out before employment at Coalisland dental.</i></p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 10 August 2015</p>	<p>It is recommended that clear face masks suitable for use with children and adults should be provided in keeping with the Resuscitation Council (UK) minimum equipment list.</p> <p>Response by Registered Person Detailing the Actions Taken: <i>Paediatric clear face masks have been ordered for coalisland dental and will be in place within 2 weeks.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 10 July 2015</p>	<p>It is recommended that for all newly recruited staff, including self-employed staff, that staff personnel files should include the following information:</p> <ul style="list-style-type: none"> • 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 of physical and mental health; • evidence of professional indemnity insurance, where applicable; and • evidence that new staff have received induction training when they commenced work in the practice. <p>Response by Registered Person Detailing the Actions Taken: <i>All above criteria will be applied to any new members of staff at coalisland dental & present staff updated.</i></p>

07 AUG 2015

IMPROVEMENT AUTHORITY

Registered Manager Completing QIP	James Kelly	Date Completed	30/7/15.
Registered Person Approving QIP	James Kelly	Date Approved	30/7/15.
RQIA Inspector Assessing Response	STEPHEN O'CONNOR.	Date Approved	10.08.15

*Please ensure the QIP is completed in full and returned to RQIA's offices

Access ni checks

30/7/15.

Although there was a short time delay between receiving access ni on time for our employee. I can assure RQIA

that access ni checks are very important and both new employees had them carried out as the safety of patients and fellow staff is paramount at Cashland dental

James Kelly

