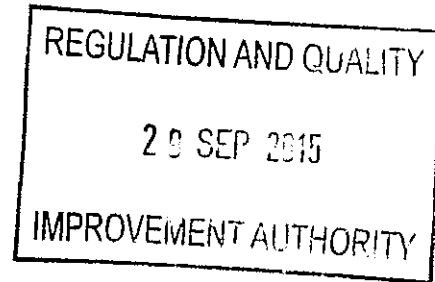


The Regulation and
Quality Improvement
Authority

Lisburn Dental Surgery
RQIA ID: 11475
46 Longstone Street
Lisburn
BT28 1TP

Inspector: Lynn Long
Inspection ID:022875

Tel: 028 9263 4444



**Announced Care Inspection
of
Lisburn Dental Surgery**

7 August 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 7 August 2015 from 10.10 to 11.40. 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

The previous inspection of the practice was an announced follow up inspection dated 17 December 2014. No requirements or recommendations were made during this inspection.

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	9

The details of the QIP within this report were discussed with the Ms Linda McVey, Dental World Limited Representative and Ms Dawn Montgomery, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Robert A Mitchell	Registered Manager: Ms Dawn Montgomery (see below)
Person in Charge of the Practice at the Time of Inspection: Ms Dawn Montgomery Ms Linda McVey	Date Manager Registered: "Not applicable" An application for registration as the registered manager has been received and is being processed by RQIA.

Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2
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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 one dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and the process in place for recording 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 follow up care inspection dated 17 December 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 17 December 2014

As above.

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with staff confirmed that training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Staff spoken with and those who returned questionnaires confirmed that the management of medical emergencies is included in the induction programme, however, this is not included in induction templates reviewed. This matter is discussed further in section 5.4.

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). 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.

Ms Montgomery 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 the arrangements for managing a medical emergency were found to be generally safe.

Is Care Effective?

The policy for the management of medical emergencies was reviewed. The policy reflected best practice guidance in relation to specific medical emergencies. It did not reflect the arrangements in place for summoning help, who takes the lead in the event of a medical emergency and the process for recording information following a medical emergency. Protocols were available for staff reference outlining the procedure to deal with the various different types of 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 generally 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

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

The policy and procedural guidance for the management of a medical emergency should be further developed.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy did not include ensuring all staff have an enhanced AccessNI disclosure in place and the need for two satisfactory references, one of which must be from the most recent employer, prior to commencement of employment.

Three staff have been recruited since registration with RQIA. However, only two staff members' personnel files were available for review. It was not clear from discussion if all the relevant information had been received prior to commencement of employment in relation to the third person.

A review of the personnel files identified a number of issues which need to be addressed. An application/curriculum vitae form should be completed prior to commencement of employment and should be retained in staff personnel files. Two satisfactory references must be obtained prior to commencement of employment and confirmation that the person is physically and mentally fit to fulfil their duties should also be retained.

The practice was keeping a register of enhanced AccessNI disclosure checks. However, the records pertaining to the disclosure information was not in keeping with good practice. The records did not include dates the checks were applied for and received as outlined in the AccessNI code of practice. There was no evidence retained of the action taken, including the decision making processes and minutes of meetings which had been held, when an issue had been identified on a staff members returned enhanced AccessNI disclosure.

A review of the records identified that a referral had been made to the professional regulator for a member of staff. However, Ms Montgomery was unclear in relation to the status of the referral or the actions being taken by the professional regulator.

A staff register was retained. However, some details were missing from the register. This included the name and details of one staff member, dates of birth and the date of commencement of employment for staff. This was discussed with Ms Montgomery and Ms McVea.

Ms Montgomery 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 one of the personnel 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 that recruitment and selection procedures are safe.

Is Care Effective?

The dental service's recruitment and selection procedures were reviewed and as outlined above require to be further developed to include all of the relevant information.

Two personnel files were reviewed. The files did not include contracts of employment or a job description. However, Ms McVey and Ms Montgomery confirmed that staff had been furnished with both on commencement of employment.

Induction programme templates are in place relevant to specific roles within the practice. A review of the induction programme template identified that it needed to be further developed to include information in relation to infection prevention and control, the management of a medical emergency and radiology and radiation safety. Ms Montgomery confirmed that all staff complete an induction programme on commencement of employment. However, copies of completed inductions were not retained in staff personnel files.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken have current GDC registration and adhere to GDC CPD requirements.

On the day of the inspection recruitment and selection procedures were found to need some improvement to ensure they are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated that they need to be further developed in line with legislative requirements.

As outlined previously one staff member's personnel file was not available for review and there was no records retained of the action taken by management when an issue had been identified on a returned AccessNI enhanced disclosure.

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 recruitment and selection procedures were found to be compassionate.

Areas for Improvement

The recruitment and selection of staff policy should be further developed to include AccessNI enhanced disclosure checks and references, prior to commencement of employment.

Ensure that all the relevant information as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is in place for the identified staff member who did not have a personnel file and all the relevant information is in place for all staff recruited.

The staff register should be further developed.

Evidence of the action taken, including the decision making processes and minutes of meetings which are held, when an issue had been identified on a staff member's returned enhanced AccessNI disclosure must be retained.

Enhanced AccessNI disclosure information should be retained in keeping with the AccessNI's code of practice.

Contact the professional regulator to establish the current position and action being taken in relation to a recent referral for a member of staff.

A signed copy of a contract of employment/agreement and job description should be retained in staff personnel files.

Further develop the staff induction programme and retain records of completed staff induction programmes in personnel files.

Number of Requirements:	1	Number of Recommendations:	7
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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 one dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three 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.

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 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 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. The results of the most recent survey were not dated. It was suggested that a date was added and included in future survey results.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dawn Montgomery and Ms Linda McVey 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 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

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: 19(2)(d) and Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2015</p>	<p>The registered person must ensure that they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for all staff recruited since registration with RQIA and any new staff recruited, including the staff member who did not have a personnel file.</p> <p>Records must be retained and available for inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>The member this is regarding has worked for Dental World since Sept 2012 as a Hygienist at a local and recently just started work a week in hospital. will be available next time.</i></p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 7 October 2015</p>	<p>It is recommended that advice and guidance is sought from the medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Under review</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 7 November 2015</p>	<p>It is recommended that the policy and procedural guidance for the management of a medical emergency is further developed to include the arrangements in place for summoning help, who takes the lead in the event of a medical emergency and the process for recording information following a medical emergency.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Medical emergency Policy has been updated & all staff aware of what action should be taken.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 7 October 2015</p>	<p>It is recommended that the recruitment and selection policy is further developed to include the arrangements for ensuring a satisfactory enhanced AccessNI check has been received and that all staff have two satisfactory references, one of which must be from their most recent employer, in place prior to commencement of employment.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>All staff will now have all completion documents completed before employment starts.</i></p>

<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 7 November 2015</p>	<p>It is recommended that the staff register is further developed to include the details of all staff working in the practice, dates of birth and the date of commencement of employment.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: There will be a form in each member of staff's folder with all this information.</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2015</p>	<p>It is recommended to contact the professional regulator to establish the current position and action being taken in relation to a recent referral for a member of staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: I have contacted the GMC investigating committee.</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2015</p>	<p>It is recommended that a system is established to record the outcome of the received enhanced Access NI disclosure certificates.</p> <p>Evidence of the action taken, including the decision making processes and minutes of meetings held in relation to the identified staff member following an issue being identified on their returned enhanced AccessNI disclosure must be retained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: There will be a meeting with each new member of staff once access NI is received</p>
<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 7 October 2015</p>	<p>It is recommended that a signed copy of a contract of employment/agreement and a job description is retained in staff personnel files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: yes that will be done. All employees have A contract.</p>
<p>Recommendation 8</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2015</p>	<p>It is recommended that induction programme templates are further developed to include information in relation to infection prevention and control, the management of a medical emergency and radiology and radiation safety.</p> <p>Completed staff induction programmes should be retained in staff personnel files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: UNDER REVIEW</p>

Recommendation 9 Ref: Standard 11.2 Stated: First time	It is recommended that enhanced AccessNI disclosure certificates must be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.
To be Completed by: 7 September 2015	Response by Registered Person(s) Detailing the Actions Taken: Yes we do have a res of this, we will be very careful for future reference

Registered Manager Completing QIP	DAVID MONTGOMERY	Date Completed	29/6/15
Registered Person Approving QIP	ROBERT HENRICHELL	Date Approved	29/6/15
RQIA Inspector Assessing Response	KYNAN LONG	Date Approved	6/10/15

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