



The Regulation and
Quality Improvement
Authority

Derrylin Dental Implant Centre
RQIA ID: 11477
77 Main Street
Derrylin
BT92 9PE

Inspector: Emily Campbell
Inspection ID: IN023559

Tel: 028 6774 8069

**Announced Care Inspection
of
Derrylin Dental Implant Centre**

01 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 1 October 2015 from 10.20 to 12.50. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in recruitment and selection practices are necessary to ensure they are 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 13 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	1	2

The details of the QIP within this report were discussed with Mr Aiden Malanaphy, registered person and Ms Grainne Flynn, lead nurse/receptionist, who facilitated the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

2.0 Service Details

Registered Organisation/Registered Person: Mr Aidan Malanaphy	Registered Manager: Mr Aidan Malanaphy
Person in Charge of the Practice at the Time of Inspection: Mr Aidan Malanaphy	Date Manager Registered: 06 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

2. 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.

3. 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 Malanaphy, registered person, the lead nurse/receptionist and a receptionist. Ms Flynn, lead nurse/receptionist, facilitated the inspection.

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.

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 13 May 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection dated 13 May 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2) Stated: Second time	<p>A system should be established to ensure that the cycle parameters of each cycle of the washer disinfectant is recorded and records retained for at least two years.</p> <hr/> <p>Action taken as confirmed during the inspection: A data logger has been installed in the washer disinfectant and Ms Flynn confirmed the data logger information is downloaded and reviewed on a monthly basis. Review of records evidenced this.</p>	Met
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13	<p>Policies should identify the dates of planned review.</p> <hr/> <p>Action taken as confirmed during the</p>	Met

Stated: First time	inspection: Review of the policy manual confirmed that this recommendation has been addressed.	
Recommendation 2 Ref: Standard 13 Stated: First time	A daily automatic control test (ACT) should be undertaken and recorded for the steriliser. Action taken as confirmed during the inspection: Review of the steriliser logbook evidenced that this recommendation has been addressed.	Met
Recommendation 3 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly and final closure. Action taken as confirmed during the inspection: Ms Flynn confirmed that all sharps boxes are signed and dated on assembly and final closure. Observations of sharps boxes in one surgery and the decontamination room evidenced that they had been signed and dated on assembly.	Met

4.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Malanaphy and 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 Malanaphy and 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 portable suction. A copy of the requisition confirming that portable suction had been ordered was emailed to RQIA on 7 October 2015. 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 Mr Malanaphy and 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 Mr Malanaphy 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 Mr Malanaphy and 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 Malanaphy 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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4.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available, however, the policy lacked detail in respect of review of employment histories, medical fitness and enhanced AccessNI checks. A revised recruitment policy was emailed to RQIA on 7 October 2015 which was comprehensive and reflected best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

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

The following issues were identified in relation to the files reviewed:

- two written references had been obtained in respect of one staff member only;
- there were details of full employment history, including an explanation of any gaps in employment in one file only; and
- there was no criminal conviction declaration in either file.

The enhanced AccessNI check was not received in respect of one staff member until after the commencement of employment. A requirement had been made in this regard, specific to this individual, during a previous inspection on 21 August 2013 and it was evidenced on review that the requirement had been addressed. Review of the second file confirmed that the enhanced AccessNI check was received prior to commencement of employment.

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.

Ms Flynn 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 further development is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed, further development is needed to ensure that 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.

An induction folder is available detailing all of the components to be covered during induction of new staff and this is used as a guide and reference when new staff commence work in the practice. However, there is no formal record retained of the induction programme specific to individual staff.

Discussion with Ms Flynn and the receptionist 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. As discussed no records are retained in relation to induction programmes.

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

Mr Malanaphy and Ms Flynn confirmed that they have current GDC registration and that they adhere to GDC CPD requirements. However, one dental nurse who qualified as a dental nurse in the South of Ireland is still awaiting registration with the GDC, having commenced this process in July 2015. The delay in progressing this registration is concerning and this matter should be progressed by Mr Malanaphy as a matter of urgency.

On the day of the inspection it was identified that further development is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Further development of recruitment and selection procedures are needed to demonstrate 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 Mr Malanaphy and 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 Mr Malanaphy and 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 registration with the GDC of the identified dental nurse should be progressed as a matter of urgency. RQIA should be kept informed of progress in this matter.

Two written references, one of which should be from the current/most recent employer, details of full employment history and a criminal conviction declaration should be obtained in respect of any new staff recruited.

Induction programmes should be formalised and a copy of completed induction records retained in the personnel files of newly employed staff.

Number of Requirements:	1	Number of Recommendations:	2
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4.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Malanaphy, registered person, the lead nurse/receptionist and a receptionist. 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/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 RQIA to the practice for completion. The returned questionnaire indicated that one complaint have been received for the period 1 January 2014 to 31 March 2015. However, on discussion, Ms Flynn clarified that this complaint was in respect of care and treatment provided in Mr Malanaphy's practice in the South of Ireland. It was agreed that maintaining a record of the complaint in Derrylin Dental Implant Centre was in keeping with good practice as the initial complaint was made to this practice, Ms Flynn confirmed that no complaints were received in respect of Derrylin Dental Implant Centre 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. The inspector discussed ways in which the summary report could be improved to provide a clearer understanding for the reader.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Malanaphy, registered person and Ms Flynn, lead nurse/receptionist, 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.

5.1 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.

5.2 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.

5.3 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			
Requirement 1 Ref: Regulation 19 (1) (c) Stated: First time To be Completed by: 1 November 2015	<p>The registered person must ensure that the registration with the GDC of the identified dental nurse is progressed as a matter of urgency. RQIA should be kept informed of progress in this matter.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The dental nurse in question has submitted all the required documentation to the GDC and is waiting confirmation of her registration. We have removed this nurse from all clinical duties, her role is solely reception/administration duties until confirmation of registration is received. A member of the reception staff who is GDC registered has taken over the nursing duties.</p>		
Recommendations			
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 1 October 2015	<p>It is recommended that the following information is obtained and retained in personnel files of any new staff recruited:</p> <ul style="list-style-type: none"> • two written references, one of which should be from the current/most recent employer, • details of full employment history, including an explanation of any gaps in employment; and • a criminal conviction declaration. <p>Response by Registered Person(s) Detailing the Actions Taken: Our recruitment policy states the above information is required. We will ensure that all such information is recorded for any new members of staff.</p>		
Recommendation 2 Ref: Standard 11.3 Stated: First time To be Completed by: 1 October 2015	<p>It is recommended that induction programmes are formalised and a copy of completed induction records retained in the personnel files of newly employed staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We had an induction programme in place and acknowledge that it may have been brief in the written documentation of what was covered. We have amended our induction programme with a more thorough breakdown of topics/policies covered, which is retained in our staff personnel folder</p>		
Registered Manager Completing QIP	Aiden Malanaphy	Date Completed	18/11/15
Registered Person Approving QIP	Aiden Malanaphy	Date Approved	18/11/15
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	19.11.15

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