



The Regulation and
Quality Improvement
Authority

Inspector: Carmel McKeegan
Inspection ID: IN021277

Donnelly Dental
RQIA ID: 11483
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**Announced Care Inspection
of
Donnelly Dental**

06 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 6 May 2015 from 10.00 to 11.45. Overall on the day of the inspection the recruitment and selection procedures were found to be safe, effective and compassionate. An area of improvement in the management of medical emergencies is identified to ensure care is safe, effective and compassionate, which is 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) 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 care inspection on 5 August 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	2

The details of the QIP within this report were discussed with the Mrs Jillian Saulters as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Jillian Saulters	Registered Manager: Mrs Jillian Saulters
Person in Charge of the Practice at the Time of Inspection: Mrs Jillian Saulters	Date Manager Registered: 25 February 2013
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 Mrs Jillian Saulters, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and two 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 5 August 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 5 August 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.	Met
	Action taken as confirmed during the inspection: Records were retained in the practice to confirm the Hepatitis B immunisation status of all clinical staff.	
Recommendation 2 Ref: Standard 13 Stated: First time	A refurbishment programme should be established to ensure all surgery floors are impervious and easy to clean.	Met
	In the interim the vinyl flooring in surgeries should be sealed where it meets the walls and where cabinetry meets the flooring.	
	Action taken as confirmed during the inspection: Mrs Saulters provided a copy of the refurbishment plan for the practice. Mrs Saulters stated that as the refurbishment plan includes three dental surgeries, the patient waiting area, patient hallway, office area, back hall and cloakroom and the staff bathroom, a five year plan is in place to accommodate the financial support for the works required. Progress in relation to the refurbishment programme will be monitored during each inspection until the work is completed. Observation of two surgeries confirmed that the vinyl flooring in surgeries had been sealed where it meets the walls and where cabinetry meets the flooring.	
Recommendation 3 Ref: Standard 13 Stated: First time	Arrangements should be established for the repair/recovering of any torn dental chairs.	Met
	Action taken as confirmed during the inspection: Mrs Saulters confirmed that this recommendation referred to surgery two. Observation of the surgery two dental chair confirmed that the chair had been satisfactorily repaired. Mrs Saulters also confirmed	

	that all other dental chairs and dental stools are checked regularly and surfaces were intact.	
Recommendation 4 Ref: Standard 13 Stated: First time	The overflow of the hand wash basin in the identified surgery should be blanked off with a stainless steel plate sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: The overflow in the surgery one was observed to have been blanked off with a stainless steel plate and sealed with antibacterial mastic.	
Recommendation 5 Ref: Standard 13 Stated: First time	Waste bins in surgeries and the decontamination room should be pedal operated.	Met
	Action taken as confirmed during the inspection: Observation of the two surgeries and the decontamination room, confirmed that pedal operated waste bins were provided.	
Recommendation 6 Ref: Standard 14 Stated: First time	The following information should be provided in association with the application of variation for the fourth dental chair: <ul style="list-style-type: none"> • a copy of the building control completion certificate should be forwarded to RQIA; • a copy of the electrical installation certificate should be submitted to RQIA; and • confirmation should be provided that the fire risk assessment and the legionella risk assessment have been updated to include the new arrangements in the practice. 	Met
	Action taken as confirmed during the inspection: Mrs Saulters stated that due to changes within the staff team the application for the fourth dental chair has not been pursued and will not be progressed in the foreseeable future.	

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, with exception of an automated external defibrillator (AED).

Mrs Saulters confirmed that an AED is not available in the practice and the practice does not have any formal arrangements to get access to an AED within close proximity to 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 it was identified that some improvement is needed to ensure that the management of medical emergencies is 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

Advice and guidance should be sought from the medico-legal advisor in regards to the provision of an AED.

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.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed in relation to recruitment practice. However, Mrs Saulters confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- 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.

A staff register was not 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 Saulters 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, it was identified that an improvement is needed to ensure 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.

Personnel files of existing staff were available for inspection, three were reviewed. It was noted that each file included a contract of employment/agreement and job description.

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

Discussion with Mrs Saulters and staff 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.

Overall 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 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. Mrs Saulters is aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work.

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

A staff register should be developed and retained.

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 Saulters, registered person and two dental nurses, one of whom is also the practice manager. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine 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 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 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 issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jillian Saulters, 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 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.

6.2 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

Recommendations

Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 7 June 2015	It is recommended that advice and guidance is sought from the medico-legal advisor in regards to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be actioned.
	Response by Registered Person(s) Detailing the Actions Taken: undertaken

Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 7 June 2015	It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.
	Response by Registered Person(s) Detailing the Actions Taken: undertaken

Registered Manager Completing QIP	Jillian Saulters	Date Completed	01/06/2015
Registered Person Approving QIP	Jillian saulters	Date Approved	01/06/2015
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	3.7.15

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

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