

**Announced Care Inspection
of
Jeremy Doogan Dental Care**

21 December 2015

1. Summary of Inspection

An announced care inspection was undertaken by Emily Campbell, inspector, on 21 December 2015 from 9.55 to 11.45. Amanda Jackson, inspector, was also in attendance. On the day of the inspection the management of medical emergencies and recruitment and selection were generally found to be safe, effective and compassionate. An issue was identified regarding the use of rectangular collimation when taking x-rays. 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

No actions were required to be taken following the last care inspection on 10 June 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	1

The details of the QIP within this report were discussed with Mr Jeremy Doogan, 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 Jeremy Doogan	Registered Manager: Mr Jeremy Doogan
Person in Charge of the Practice at the Time of Inspection: Mr Jeremy Doogan	Date Manager Registered: 13 September 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 Mr Doogan, registered person, an associate dentist who facilitated the inspection, a year 1 foundation trainee dentist, a hygienist, a dental nurse and two receptionists.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 10 June 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 10 June 2014

As above.

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Doogan 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 Doogan 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 in general 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 revised expiry date had been recorded on the Glucagon medication as it was not stored between 2 and 8 degrees Celsius. However, on review, it was identified that the wrong revised expiry date had been recorded and the medication had exceeded its expiry date. It was also observed that oropharyngeal airways, needles and syringes had exceeded their expiry date and there was no self-inflating bag with reservoir suitable for use with a child. Confirmation was received by email on 24 December 2015 confirming that these matters had all been addressed. The practice does not have an automated external defibrillator (AED) on the premises; however, they have access to one from the nearby medical centre. This arrangement is recorded in the associated procedure and staff have received training in the use of an AED.

A system is in place to monitor the expiry dates of emergency medicines and equipment. Mr Doogan confirmed that airways, needles and syringes had also been added to the checking procedure. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Doogan 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 generally found to be safe. Confirmation was received following the inspection that issues identified have been addressed.

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 a medical emergency in the practice was handled appropriately.

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 Doogan 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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5.4 Recruitment and selection

Is Care Safe?

A recruitment policy and procedure was not available. However, this was developed following the inspection and a copy provided to RQIA on 24 December 2015. The policy 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;
- two written references;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration;
- criminal conviction declaration;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The files reviewed evidenced that enhanced AccessNI checks had been undertaken. However, one of the checks had not been received until after the commencement of employment. A requirement was made in this regard. A record of the dates enhanced AccessNI checks were applied for and received, the unique identification number and outcome of the assessment of the check was retained in keeping with AccessNI's code of practice. However, a copy of the original enhanced AccessNI check was retained in one file reviewed. Mr Doogan confirmed this would be destroyed in keeping with good practice.

Details of employment history was included in both files reviewed, however, specific dates were not detailed. Mr Doogan confirmed that he reviewed the employment history during interview and obtained an explanation of any gaps in employment. Mr Doogan confirmed that he would record this information in recruitment records in the future.

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. The dates entered of the commencement of employment only identified the month and year. Mr Doogan was advised to enter the specific date and readily agreed to do this. Mr Doogan is aware that the staff register is a live document which should be kept updated.

Mr Doogan 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 records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection recruitment and selection procedures were generally found to be 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.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement. Written job descriptions were not available and Mr Doogan provided assurance these would be developed and provided to staff. Job descriptions were developed following the inspection and were emailed to RQIA on 24 December 2015.

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

Discussion with staff confirmed that they have been provided with a 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 recruitment and selection procedures were generally 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. As discussed, these must be obtained prior to the commencement of employment.

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

Enhanced AccessNI checks should be undertaken and received prior to the commencement of employment.

Number of Requirements:	1	Number of Recommendations:	0
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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 Doogan, registered person, an associate dentist, a year 1 foundation trainee dentist, a hygienist, a dental nurse and two receptionists. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA; one was returned to RQIA.

Review of the submitted questionnaire and discussion with staff evidenced that they were provided with a 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 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.

5.5.4 Radiology and radiation safety

During a tour of the premises, it was noted that rectangular collimators were not attached to intra-oral x-ray machines. Mr Doogan confirmed that rectangular collimation was not in use. In keeping with best practice, a recommendation was made that rectangular collimation is implemented when taking x-rays.

Areas for Improvement

Rectangular collimation should be implemented when taking x-rays.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Jeremy Doogan, 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

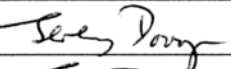

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

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.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1	The registered person must ensure that an enhanced AccessNI check is undertaken and received prior to the commencement of employment in respect of any new staff recruited.		
Ref: Regulation 19 (2) Schedule 2			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 21 December 2015	An enhanced AccessNI check will be undertaken prior to commencement of employment for any new staff		
Recommendations			
Recommendation 1	Rectangular collimation should be implemented when taking x-rays in keeping with best practice.		
Ref: Standard 8.3			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 21 February 2016	Rectangular collimators to be sourced & installed where possible.		
Registered Manager Completing QIP		Date Completed	28/1/16
Registered Person Approving QIP		Date Approved	28/1/16
RQIA Inspector Assessing Response		Date Approved	

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

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.



RQIA Inspector Assessing Response	Emily Campbell	Date Approved	19.2.16
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