



The Regulation and
Quality Improvement
Authority

Downe Dental Care Ltd
RQIA ID: 11485
10 English Street
Downpatrick
BT30 6AB

Inspector: Norma Munn
Inspection ID: IN23651

Tel: 028 4461 4422

**Announced Care Inspection
of
Downe Dental Care Ltd**

23 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 23 October 2015 from 10.00 to 11.45. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. It was identified that some improvement in needed to ensure that recruitment and selection is 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

No actions were required to be taken following the last care inspection on 13 January 2015.

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 Mrs Fay Micklethwaite, 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: Mrs Fay Micklethwaite	Registered Manager: Mrs Fay Micklethwaite
Person in Charge of the Practice at the Time of Inspection: Mrs Fay Micklethwaite	Date Manager Registered: 10 January 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Mrs Micklethwaite, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 13 January 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 13 January 2015

As above.

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 the exception of a self-inflating bag with reservoir suitable for a child. It was observed that the oropharyngeal airways had exceeded their expiry dates. Following the inspection confirmation was received by electronic mail that oropharyngeal airways and a self-inflating bag had been provided. An automated external defibrillator (AED) was not available in the practice. The practice does have access to an AED in close proximity to the dental practice. However, on the day of the inspection Mrs Micklethwaite was unable to confirm whether the AED could be accessed in a timely manner. Following the inspection, Mrs Micklethwaite confirmed that the AED could be accessed in a timely manner and the practice will be incorporating the use of this community AED within their emergency procedures.

A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Oropharyngeal airways should be included in the checking procedure. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mrs Micklethwaite 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. A minor amendment was made to the policy following the inspection. 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.

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.

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?

There was a recruitment policy and procedure available. The policy needs further development to include reference to AccessNI checks, written references and a criminal conviction declaration. Following the inspection confirmation was received that the policy had been amended.

The personnel file of one staff member recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties.

The file reviewed did not include written references or a full employment history. This was discussed with Mrs Micklethwaite and a recommendation has been made. The enhanced AccessNI check had been received after the staff member commenced work. This was discussed with Mrs Micklethwaite and a requirement has been made. Mrs Micklethwaite confirmed that the practice have subsequently put a system in place to ensure that written references, a full employment history and enhanced AccessNI checks are in place prior to new staff commencing work.

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.

Mrs Micklethwaite 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, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. Two written references and a full employment history should be obtained and retained in personnel files of any new staff recruited.

One personnel file was reviewed. It was noted that the file included a contract of employment/agreement and a job description.

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 Mrs Micklethwaite 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.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures is effective.

Is Care Compassionate?

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, one AccessNI check had been received after the member of staff commenced work. The importance of obtaining enhanced AccessNI checks prior to commencement of employment was discussed with Mrs Micklethwaite.

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 is compassionate.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to new staff being recruited.

Two written references, one of which should be from the current/most recent employer and a full employment history should be obtained and retained in personnel files of any new staff recruited.

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 Mrs Micklethwaite, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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. Three out of four staff confirmed that annual training is provided on the management of medical emergencies. Discussion with Mrs Micklethwaite confirmed that one member of staff who was due to retire had not attended formal training within the past year.

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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Micklethwaite, 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 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's office 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 (2) Schedule 2 Stated: First time To be Completed by: 23 October 2015	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing employment.
	Response by Registered Person(s) Detailing the Actions Taken: An enhanced AccessNi check will be requested and obtained prior to any new member of staff commencing their employment.

Recommendations

Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 23 October 2015	It is recommended that two written references, one of which should be from the current/most recent employer and a full employment history is obtained and retained in the personnel files of any new staff recruited.
	Response by Registered Person(s) Detailing the Actions Taken: The Practice Recruitment policy has been updated. In future a full employment history will be obtained and retained in the personnel file of new members of staff. Two written references will be requested and obtained for any new members of staff.

Registered Manager Completing QIP	Fay Micklethwaite	Date Completed	08.12.15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Norma Munn	Date Approved	10/12/15

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