



The **Regulation** and
Quality Improvement
Authority

Downshire Dental Surgery
RQIA ID: 11487
35 Rathfriland Street
Banbridge
BT32 3LA

Inspector: Norma Munn
Inspection ID: IN023940

Tel: 028 4062 8108

**Announced Care Inspection
of
Downshire Dental Surgery**

2 February 2016

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 02 February 2016 from 10.00 to 12.15. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be 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 03 March 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	2	2

The details of the QIP within this report were discussed with Mr O'Reilly, 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 Jarlath O'Reilly	Registered Manager: Mr Jarlath O'Reilly
Person in Charge of the Practice at the Time of Inspection: Mr Jarlath O'Reilly	Date Manager Registered: 13 June 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Mr O'Reilly, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, one contract of employment and the arrangements to review 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 03 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 03 March 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The dental chair head rest should be reupholstered to provide a surface that can be effectively cleaned.	Met
	Action taken as confirmed during the inspection: It was observed that the head rest on the identified dental chair had been repaired to provide a surface that can be effectively cleaned.	
Recommendation 2 Ref: Standard 13 Stated: First time	Fabric chairs should be removed from all dental surgeries.	Met
	Action taken as confirmed during the inspection: Discussion with Mr O'Reilly confirmed that the fabric chairs had been removed. No fabric chairs were observed in the surgeries.	
Recommendation 3 Ref: Standard 13 Stated: First time	The window sill in the decontamination room should be repainted to provide a cleanable surface.	Met
	Action taken as confirmed during the inspection: It was observed that the window in the decontamination room had been repainted to provide a cleanable surface.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr O'Reilly 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 O'Reilly 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). It was observed that the format of buccal Midazolam available was not in keeping with the Health and Social Care Board (HSCB) guidance. Mr O'Reilly was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance.

Review of medical emergency equipment demonstrated that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Mr O'Reilly confirmed that an automated external defibrillator (AED) is not available in the practice. However, the practice has timely access to an AED in close proximity to the practice. Mr O'Reilly agreed to include this arrangement in the associated protocol.

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 O'Reilly 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 O'Reilly 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 O'Reilly 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 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 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.

The two staff personnel files reviewed did not contain two written references, details of full employment history, including an explanation of any gaps in employment, a criminal conviction declaration and confirmation that the person is physically and mentally fit to fulfil their duties. Mr O'Reilly was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A requirement has been made.

The arrangements for enhanced AccessNI checks were reviewed. The two files reviewed contained AccessNI enhanced disclosure checks that had been undertaken after the members of staff commenced work. Discussion with Mr O'Reilly demonstrated that he is aware that AccessNI checks are to be undertaken and received prior to staff commencing work. A requirement has been made.

A copy of the original enhanced AccessNI enhanced disclosures was retained in two files reviewed. This is not in keeping with AccessNI Code of Practice. Mr O'Reilly was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice. On the day of the inspection Mr O'Reilly confirmed that the AccessNI check had been destroyed in keeping with the AccessNI code of practice. A record was retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review.

A staff register was developed on the day of the inspection 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. Mr O'Reilly is aware that this is a live document that should be kept up-to-date.

Mr O'Reilly 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 previously stated the recruitment and selection procedure needs to be further developed to comply with relevant legislation and include checking procedures to ensure qualifications, registrations and references are bona fide.

Discussion with Mr O'Reilly confirmed that staff have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice. However, records confirming this had not been retained in the two files reviewed. This was discussed with Mr O'Reilly and two recommendations have been made.

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 are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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 previously, two AccessNI checks had been received after the staff members had commenced work in the practice. Mr O'Reilly is aware that AccessNI checks must be received prior to any new staff commencing work in the practice.

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 recruitment and selection procedures are compassionate.

Areas for Improvement

Enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A record of induction and a copy of a job description should be retained in individual staff personnel files.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. A record of the contract/agreement should be retained in the personnel files of any new staff recruited.

Number of Requirements:	2	Number of Recommendations:	2
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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 O'Reilly and two dental nurses. 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. However, as discussed previously completed induction programmes and job descriptions were not available to review. One contract was reviewed however contracts were not available to review in the two staff personnel files examined. 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr O'Reilly, 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 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 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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

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IN023940

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Quality Improvement Plan

RQIA
 16 MAR 2016
Regulation

Statutory Requirements

<p>Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 02 February 2016</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>This is noted and will be carried out next time</i></p>
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<p>Requirement 2 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 02 February 2016</p>	<p>The registered person must ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>staff files are being updated with this information</i></p>
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Recommendations

<p>Recommendation 1 Ref: Standard 11.3 Stated: First time To be Completed by: 02 February 2016</p>	<p>It is recommended that a record of induction and a copy of the job description are retained in staff personnel files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>staff files are updated</i></p>
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<p>Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 02 March 2016</p>	<p>It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>A record of the contract/agreement should be retained in the personnel files of any new staff recruited.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Contract being drawn up and given to staff and file updated</i></p>
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Registered Manager Completing QIP	<i>Jn</i>	Date Completed	15-3-16
Registered Person Approving QIP	<i>Jn</i>	Date Approved	15-3-16
RQIA Inspector Assessing Response	<i>Norah Ann</i>	Date Approved	21.03.16

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