

**Announced Care Inspection
of
Dublin Road Dental Practice**

12 October 2015

1. Summary of Inspection

An announced care inspection took place on 12 October 2015 from 09:55 to 11:50. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. It was identified that some improvement is 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 05 November 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	2	2

The details of the QIP within this report were discussed with Mr Mark McKelvey, 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 Mark McKelvey	Registered Manager: Mr Mark McKelvey
Person in Charge of the Practice at the Time of Inspection: Mr Mark McKelvey	Date Manager Registered: 08 November 2011
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 Mark McKelvey, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment and three 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 05 November 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 05 November 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Review the provision of cleaning equipment in accordance with the National Patient Safety Agency and ensure that sufficient equipment is available to clean the different designated areas within the practice.	Met
	Action taken as confirmed during the inspection: It was observed that sufficient cleaning equipment is available to clean the different designated areas within the practice. Discussion with Mr McKelvey demonstrated that the colour coding of cleaning equipment is in keeping with the National Patient Safety Agency guidelines.	
Recommendation 2 Ref: Standard 13 Stated: First time	The overflows on the hand-washing sinks should be blanked off using a stainless steel plate sealed with anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: It was observed that the overflows in the stainless steel dedicated hand washing basins in surgeries one and two have been blanked off as recommended.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr McKelvey 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 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 only format of Midazolam available was in ampoule format. This is not in keeping with the Health and Social Care Board (HSCB) guidance, which specifies that Buccolam pre-filled syringes should be retained. This was discussed with Mr McKelvey who ordered Buccolam pre-filled

syringes during the inspection. Mr McKelvey confirmed in an email received on 22 October 2015 that Buccolam pre-filled syringes are available in the practice.

Review of medical emergency arrangements evidenced that, in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. An automated external defibrillator (AED) is not available in the practice and Mr McKelvey confirmed that the practice does not have any arrangements to get timely access to a community AED. It was also observed that the oropharyngeal airways available had exceeded their expiry dates. This was brought to the attention of Mr McKelvey who ordered replacement oropharyngeal airways during the inspection. Mr McKelvey confirmed in an email received on 22 October 2015 that the practice had taken delivery of the new oropharyngeal airways.

A robust system is in place to ensure that emergency medicines 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 McKelvey 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.

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 McKelvey 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 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

Mr McKelvey should consult with his medico-legal advisor in regards to the provision of an AED and any recommendations made should be addressed.

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.

Four 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 enhanced AccessNI check was received in three files;
- two written references in one file, one file had one reference and two files had no references;
- details of full employment history in one file;
- documentary evidence of qualifications in two files;
- evidence of current GDC registration;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. In one of the files it was identified that the enhanced Access NI check was received prior to the staff member commencing work and in two files it was identified that the check was received after the staff member's commenced work. One file did not contain any records in regards to enhanced AccessNI checks. It was also observed that the original enhanced AccessNI checks had been retained. This is not in keeping with AccessNI Code of Practice. The procedure for undertaking and handling of AccessNI checks was discussed with Mr McKelvey.

None of the files had a criminal conviction declaration by the applicant. As stated above some files did not include references, details of employment history or evidence of qualifications. Mr McKelvey was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Mr McKelvey is aware that this is a live document and should be kept up-to-date.

Mr McKelvey 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 previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Four personnel files 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 four evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr McKelvey 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 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 previously stated, issues were identified in relation to enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr McKelvey.

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 are compassionate.

Areas for Improvement

An AccessNI check must be undertaken for the identified staff member. AccessNI checks must be received prior to any new staff commencing work in the practice. AccessNI checks must be handled in keeping with the AccessNI Code of Practice.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	2	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 Mark McKelvey, 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. Staff confirmed that annual training is provided on the management of medical emergencies.

A submitted questionnaire included the following comment:

“Supply CPD course and update new regulations and techniques”

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 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 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 dated February 2014 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. Mr McKelvey was informed that a summary report detailing the findings of the patient satisfaction surveys should be generated at least on an annual basis.

Areas for Improvement

Arrangements should be established to generate a summary report detailing the findings of the patient satisfaction surveys at least on an annual basis.

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 Mark McKelvey, 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 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 12 November 2015	<p>The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> • an enhanced AccessNI checks must be undertaken for the identified staff member; • enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and • enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice. <p>Response by Registered Person Detailing the Actions Taken: Procedures to ensure all of the above have been addressed.</p>
Requirement 2 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 12 October 2015	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, 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 Detailing the Actions Taken: Procedures have been addressed for all new staff files</p>
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 12 December 2015	<p>It is recommended that Mr McKelvey should consult with his medico-legal advisor in regards to the provision of an AED and any recommendations made should be addressed.</p> <p>Response by Registered Person Detailing the Actions Taken: An AED has been ordered and is due to arrive on 29/10/2015</p>
Recommendation 2 Ref: Standard 9 Stated: First time To be Completed by: 12 December 2015	<p>It is recommended that arrangements are established to generate a summary report detailing the findings of the patient satisfaction surveys at least on an annual basis.</p> <p>Response by Registered Person Detailing the Actions Taken: We are currently in the process of organising a survey</p>

Registered Manager Completing QIP	Mark Mckelvey	Date Completed	27/10/2015
Registered Person Approving QIP	Mark Mckelvey	Date Approved	27/10/2015
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	11/11/2015

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