

**Announced Care Inspection
of
Duke Street Dental Surgery**

14 May 2015

1. Summary of Inspection

An announced care inspection took place on 14 May 2015 from 09.55 to 12.15.

Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally 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) 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 7 May 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 | 0 | 1 |

The details of the QIP within this report were discussed with Eva Kitchen, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Mrs Eva Kitchen | Registered Manager: Mrs Eva Kitchen |
| Person in Charge of the Practice at the Time of Inspection: Mrs Eva Kitchen | Date Manager Registered: 25 January 2012 |
| 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 the registered person, Mrs Eva Kitchen and one dental nurse/receptionist.

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 7 May 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 7 May 2014

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 13.2 Stated: First time | The registered person should ensure that the following is addressed: <ul style="list-style-type: none"> • Seal the edges of the flooring in the two ground floor surgeries • Ensure that all light pull cords within the practice have a covering in place which can be wiped clean to facilitate decontamination • Ensure toilet rolls are not stored on the cistern of the toilet. | MET |
| | Action taken as confirmed during the inspection: Discussion with the registered person and observation confirmed all the previous issues had been fully addressed. | |

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. 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 the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

The policy for the management of medical emergencies was amended during the inspection to include reporting arrangements to RQIA in line with the notifiable events guidance. The policy was therefore found to comply fully with 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

No areas for improvement were identified during the inspection.

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| 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 amended during the inspection to include arrangements for advertising posts and fair employment.

Three 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;
- two written references in two of the files reviewed;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and

- evidence of professional indemnity insurance, where applicable.

One written reference had not been obtained, as yet, for a newly recruited member of staff and Mrs Kitchen agreed to address this.

Enhanced AccessNI checks had been undertaken, however, in two of the three files reviewed, these had not been received until after the commencement of employment. Mrs Kitchen confirmed that the current practice is to not to start staff until after the check has been received and this was evidenced in records made available regarding the newest staff member recruited.

There was no evidence of a criminal conviction declaration as the practice accepts CVs from applicants. The inspector offered advice on how to address this issue and directed the registered person to the Labour Relations Agency website for advice and support.

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 Kitchen 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 some improvement is needed to ensure that recruitment and selection procedures are safe

Is Care Effective?

The dental service's recruitment and selection procedures generally comply with the relevant legislation including checks to ensure qualifications, registrations and references are bona fide. Some improvement is needed to ensure that a consistent approach is applied to all applicants. A recruitment and selection checklist based on the legislation was suggested to help achieve this.

Three 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 three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Kitchen 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, it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated generally good practice in line with legislative requirements, however as previously stated some improvement is required.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited 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.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Recruitment and selection procedures should be further developed to reflect best practice guidance.

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| 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 Kitchen, registered person and one dental nurse/receptionist. The staff member spoke very positively regarding their employment at the practice, felt supported by management and valued as part of the team. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight 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.

One staff member commented in the questionnaire that they would appreciate regular appraisals. This was discussed with Mrs Kitchen who had already identified this as an issue and has devised new appraisal documentation to be implemented.

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.

The inspector offered advice to Mrs Kitchen on the management of complaints.

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 Eva Kitchen, 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.

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 11.1 Stated: First time To be Completed by: 14 June 2015 and ongoing | It is recommended that recruitment and selection procedures are further developed to ensure the following are retained in staff personnel files on recruitment of new staff: <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check was received prior to commencement of employment; • two written references, including one from the current/most recent employer; and • Declaration of criminal convictions. | | |
| | Response by Registered Person(s) Detailing the Actions Taken: Having fully discussed recommended changes with the RQIA inspector on inspection day the following changes have been implemented. Recruitment procedures now require relevant documentation be available to allow AccessNI checks to be completed prior to commencement of employment in line with regulations. Procedures now require two written references including one from the current/most recent employer to be made available prior to commencement of employment. A declaration of criminal convictions form has been added to the recruitment paper work to allow potential employees comply with full disclosure. | | |
| Registered Manager Completing QIP | Eva Kitchen | Date Completed | 11/06/15 |
| Registered Person Approving QIP | | Date Approved | |
| RQIA Inspector Assessing Response | Jo Browne | Date Approved | 11/06/15 |

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