



The Regulation and
Quality Improvement
Authority

Elite Dental
RQIA ID: 11497
246 - 248 Ravenhill Road
Belfast
BT6 8GJ

Inspector: Elite Dental
Inspection ID: IN022364

Tel: 028 9045 9696

**Announced Care Inspection
of
Elite Dental**

28 September 2015

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 28 September 2015 from 2pm to 4:10pm. Overall on the day of the inspection the management of medical emergencies was found to be generally 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 02 October 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	1

The details of the QIP within this report were discussed with Mrs Fartash, 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 Lida Fartash	Registered Manager: Mrs Lida Fartash
Person in Charge of the Practice at the Time of Inspection: Mrs Lida Fartash	Date Manager Registered: 06 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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 Mrs Lida Fartash, registered person, the practice manager, a Dental Foundation trainee and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three 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 02 October 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 02 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: First time	Establish a system to record the cycle parameters of the washer disinfectant and ensure records are retained for not less than two years.	Met
	Action taken as confirmed during the inspection: It was observed that the washer disinfectant has been fitted with a data logger. A dental nurse confirmed that arrangements are in place to upload the information on the data logger to the practice computer system for review.	
Requirement 2 Ref: Regulation 15 (2) (b) Stated: First time	The following issues in relation to the DAC Universal must be addressed: <ul style="list-style-type: none"> • A copy of the QR22 commissioning report must be forwarded to RQIA on submission of this quality improvement plan; • A DAC Universal logbook must be established; and • Results of periodic tests for an S type steam steriliser and a washer disinfectant must be recorded in the logbook. 	Met
	Action taken as confirmed during the inspection: A copy of the QR22 commissioning report was submitted to RQIA following the previous inspection. Review of documentation and discussion with Mrs Fartash and a dental nurse demonstrated that a DAC Universal logbook has been established. Review of the logbook demonstrated that the results of periodic tests for an S type steriliser and a washer disinfectant are recorded.	

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 colour coded cleaning equipment was available to clean the different designated areas within the practice. Discussion with a dental nurse demonstrated that the colour coding system is in keeping with the National Patient Safety Agency guidelines.	
Recommendation 2 Ref: Standard 13 Stated: First time	As specified in the legionella risk assessment monthly monitoring of sentinel hot and cold water temperatures must be implemented and records retained for inspection.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with Mrs Fartash demonstrated that legionella control measures have been implemented. These include monthly monitoring of sentinel water temperatures and records are retained.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mrs Fartash 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 Mrs Fartash and staff demonstrated 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 Mrs Fartash.

It was observed that in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Mrs Fartash confirmed that the practice does not have an automated external defibrillator (AED) nor does it have timely access to a community AED. It was also observed that clear face masks suitable for use with children were not available 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 Mrs Fartash 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.

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 Fartash 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 Mrs Fartash 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

The format of Midazolam retained should be reviewed in keeping with the Health and Social Care Board (HSCB) letter issued during May 2013.

Clear face masks suitable for use with children should be provided in keeping with the Resuscitation Council (UK) guidelines.

Mrs Fartash should consult with her medico-legal provider in regards to the provision of an external automated defibrillator (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.

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- details of full employment history, including an explanation of any gaps in employment, in two of the three files reviewed;
- 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.

None of the files reviewed contained positive proof of identity, including a recent photograph, a criminal conviction declaration by the applicant or written references. The practice manager confirmed that she received emailed references in regards to one member of staff; however these had not been included in the relevant personnel file. Mrs Fartash and the practice manager were 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.

The arrangements for enhanced AccessNI checks were reviewed. One file contained a copy of an enhanced AccessNI check that was received approximately two and a half weeks after the staff member commenced work. One file contained a copy of an enhanced AccessNI check that had been received in respect of another employer; this check had been issued approximately 18 months before the identified staff member commenced work in the practice. The third file reviewed did not include any records in relation AccessNI checks, and the practice manager confirmed that in respect of this staff member an enhanced AccessNI check was not undertaken or received. The procedure for undertaking, reviewing and handling of enhanced AccessNI checks was discussed with Mrs Fartash and the practice manager.

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.

The practice manager 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 references are bona fide.

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 Fartash and the practice manager 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, review of three staff personnel files demonstrated that one enhanced AccessNI check had been undertaken, however this was received after the identified staff member commenced work and that the practice had not obtained enhanced AccessNI checks in respect of two staff members. 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 Mrs Fartash and the practice manager.

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

AccessNI checks must be undertaken and received for the identified staff members. 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 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. In addition proof of identity, including a photograph must be added to existing staff personnel files.

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 Mrs Lida Fartash, registered person, the practice manager, a Dental Foundation trainee and a dental nurse. 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. One questionnaire indicated that the respondent did not have a contract/agreement. As discussed previously Mrs Fartash confirmed that all staff including self-employed staff have a contract/agreement and staff spoken with confirmed this. 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lida Fartash, 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 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

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<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"> • enhanced AccessNI checks must be undertaken and received for the identified staff members; • enhanced AccessNI checks must be undertaken and received prior to the commencement of employment for any new staff recruited; and • enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice. • <p>Response by Registered Person Detailing the Actions Taken: Enhanced checks applied for</p>
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<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</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>In addition the registered person must ensure that proof of identity including a recent photograph is added to existing staff personnel files.</p> <p>Response by Registered Person Detailing the Actions Taken: Completed</p>
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Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>It is recommended that the following issues in relation to emergency medicines and equipment are addressed:</p> <ul style="list-style-type: none"> • the format of Midazolam retained should be reviewed in keeping with the Health and Social Care Board (HSCB) letter issued during May 2013; • clear face masks suitable for use with children should be provided; and • Mrs Fartash should consult with her medico-legal provider in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed. • <p>Response by Registered Person Detailing the Actions Taken: Completed</p>
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Registered Manager Completing QIP	Lida Fartash	Date Completed	08/10/15
Registered Person Approving QIP	Lida Fartash	Date Approved	08/10/15
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	08/01/2015

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