



The Regulation and
Quality Improvement
Authority



W R Elkin Dental Practice
RQIA ID: 11499
8 Holmview Terrace
Campsie Road
Omagh
BT79 0AH

Inspector: Stephen O'Connor
Inspection ID: IN023378

Tel: 028 8224 6466

**Announced Care Inspection
of
W R Elkin Dental Practice
2 October 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 02 October 2015 from 10:00 to 11:45. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was 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) 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 04 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 | 0 | 2 |

The details of the QIP within this report were discussed with Mr Raymond Elkin, 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: Mr Raymond Elkin | Registered Manager: Mr Raymond Elkin |
| Person in Charge of the Practice at the Time of Inspection: Mr Raymond Elkin | Date Manager Registered: 5 February 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 Raymond Elkin, 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 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 04 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 04 November 2014

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 13 Stated: First time | The tiled splash back and wallpaper in the decontamination room should be removed/clad over. Finished wall surfaces should be in keeping with best practice guidance as outlined in HTM 01-05. | Met |
| | Action taken as confirmed during the inspection: Review of the environment in the decontamination room demonstrated that the tiled splash back has been removed and a PVC splash back installed. It was also observed that the wallpaper has been removed and that finished wall surfaces are in keeping with best practice guidance. | |

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Elkin and staff demonstrated 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 Elkin 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 format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr Elkin 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 arrangements evidenced that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that the oropharyngeal airways available had been removed from their original packaging making it impossible to ascertain their expiry dates. This was discussed with Mr Elkin and staff and prior to the conclusion of the inspection oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) were ordered. 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 Elkin 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 Elkin 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 Elkin 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.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

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 the arrangements in regards to pre-employment checks, including obtaining two written references, a criminal conviction declaration by the applicant, and confirmation of the applicant's employment history and the procedure to be followed in regards to AccessNI checks. The amended policy was comprehensive and reflected best practice guidance.

One personnel file of a 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 prior to commencement of employment;
- one written references; and
- confirmation that the person is physically and mentally fit to fulfil their duties.

The staff personnel file reviewed did not contain details of the staff member's employment history, including an explanation of any gaps in employment, if applicable, or a criminal conviction declaration by the applicant. The amended recruitment policy will ensure that in the future all relevant records are retained. Mr Elkin and staff were advised that staff personnel files should include all records as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2.

The arrangements for enhanced AccessNI checks were reviewed. It was noted that the original enhanced AccessNI check had been retained in the file reviewed. Mr Elkin and staff were informed that enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice. A record should be retained of the date the check was applied for and received, the unique identification number and the outcome.

A staff register was retained containing staff details including, name, position; date of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. This was further developed during the inspection to include dates of birth and date of leaving.

Mr Elkin 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, recruitment and selection procedures were generally found to be safe.

Is Care Effective?

In the main the dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

One personnel file was reviewed. It was noted that it 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Elkin and staff demonstrated that 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 recruitment and selection procedures were found to be effective.

Is Care Compassionate?

In the main, review of recruitment and selection procedures demonstrated 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.

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

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Access NI disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Elkin, registered person 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. 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 Elkin, 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 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 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

Recommendations

Recommendation 1
Ref: Standard 11.1
Stated: First time
**To be Completed by:
02 October 2015**

It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Response by Registered Person Detailing the Actions Taken:

We will ensure that all relevant documentation as specified will be available in newly recruited staff files.

Recommendation 2
Ref: Standard 11.1
Stated: First time
**To be Completed by:
02 October 2015**

It is recommended that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice. A record should be retained of the date the check was applied for and received, the unique identification number and the outcome.

Response by Registered Person Detailing the Actions Taken:

Although an NI Access check was received, we are now aware that the dates of that this was applied and received, the unique ID Number and the outcome will in future be recorded in full.

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|--|--------------------------|-----------------------|-----------------|
| Registered Manager Completing QIP | <i>Mr Raymond ELKIND</i> | Date Completed | <i>2/10/15</i> |
| Registered Person Approving QIP | <i>Mr Raymond ELKIND</i> | Date Approved | <i>12/10/15</i> |
| RQIA Inspector Assessing Response | <i>STEPHEN O'CONNOR</i> | Date Approved | <i>26/10/15</i> |

**Please ensure the QIP is completed in full and returned to RQIA's office*