



The Regulation and
Quality Improvement
Authority

Family Dental Care
RQIA ID: 11501
5 Queen Street
Ballymoney
BT53 6HZ

Inspector: Emily Campbell
Inspection ID: IN023553

Tel: 028 2766 2166

**Announced Care Inspection
of
Family Dental Care

30 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 30 September 2015 from 09.50 to 12.05. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Recruitment and selection was generally found to be safe, effective and compassionate. An outstanding issue from the previous inspection also needs to be addressed. 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 17 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 the Ms Roisin O'Kane, registered person and Mr James Pirie, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Roisin O’Kane	Registered Manager: Mr James Pirie
Person in Charge of the Practice at the Time of Inspection: Ms Roisin O’Kane Mr James Pirie	Date Manager Registered: 13 June 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 Ms O’Kane, registered person, Mr Pirie, registered manager, the practice administrator who is also a registered dental nurse and two trainee dental nurses.

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 17 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 17 November 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: Second time	<p>Dental handpieces should be decontaminated in line with the manufacturer's instructions and any handpieces which are compatible with the washer disinfectors should be decontaminated using this process.</p> <p>Action taken as confirmed during the inspection: Ms O'Kane, Mr Pirie and the practice administrator advised that since the previous inspection a DAC Universal has been purchased and all dental handpieces are being decontaminated using this. The DAC Universal incorporates a washer disinfectors cycle. Review of the DAC Universal logbook evidenced that periodic tests are undertaken and recorded as outlined in HTM 01-05.</p>	Met
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	<p>The light pull cords in toilet facilities should be replaced and retained clean.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that light pull cords have been removed and replaced with sensor operated controls.</p>	Met
Recommendation 2 Ref: Standard 13 Stated: First time	<p>A refurbishment plan should be established to ensure that the complete flooring in the identified dental surgeries is impervious and coved or sealed at the edges.</p> <p>Action taken as confirmed during the inspection: Ms O'Kane and Mr Pirie confirmed that a refurbishment plan has been established, however, it has not yet been implemented. This recommendation has not been addressed and is therefore stated for the second time.</p>	Not Met

Recommendation 3 Ref: Standard 13 Stated: First time	Fabric covered chairs should be removed from dental surgeries.	Met
	Action taken as confirmed during the inspection: Ms O’Kane and Mr Pirie confirmed that fabric chairs have been removed from dental surgeries. Observations made in one surgery confirmed this.	
Recommendation 4 Ref: Standard 13 Stated: First time	The overflow in the hand washing basin in the decontamination room should be blanked off using a stainless steel plate sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: Observations made in the decontamination room evidenced that this recommendation has been addressed.	
Recommendation 5 Ref: Standard 13 Stated: First time	The findings of patient satisfaction surveys should be collated to provide a summary report, which should be made available to patients.	Met
	Action taken as confirmed during the inspection: Mr Pirie confirmed that patient satisfaction surveys are collated and the summary is made available to patients. The availability of the patient satisfaction survey reports is included in the patient guide. A copy of the most recent patient satisfaction survey summary report was submitted to RQIA prior to the inspection.	

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 Mr Pirie 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of oropharyngeal airways sizes 0–4, portable suction and a child size self-inflating bag with reservoir. A copy of the requisition confirming that these items had been ordered was received by RQIA on the afternoon of the inspection. An external automated defibrillator (AED) has recently been purchased by the practice for community use and will be installed outside the practice building. Staff training will be provided when the AED is installed.

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 Pirie 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 Pirie 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 Pirie 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 Mr Pirie and 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
--------------------------------	----------	-----------------------------------	----------

5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. A minor amendment was made to the policy during the inspection to ensure it is comprehensive and reflected best practice guidance.

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

- positive proof of identity, including a recent photograph;
- two written references;
- 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;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Original enhanced AccessNI disclosure certificates had been destroyed in keeping with best practice and evidence was retained in each file confirming that the check had been received. However, the information retained did not include the dates the checks were applied for or received or the outcome of the assessment of the check. Ms O’Kane and Mr Pirie provided verbal assurances that enhanced AccessNI checks are always received prior to new staff commencing employment.

A staff register was retained containing staff details including, name, date of birth, position; date of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. An amendment was made to the staff register during the inspection to facilitate recording the date of leaving.

Ms O’Kane and Mr Pirie 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?

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms O'Kane, Mr Pirie 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.

On the day of the inspection recruitment and selection procedures were found to be effective.

Is Care Compassionate?

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. As discussed the information retained in respect of enhanced AccessNI checks needs further development.

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

Information pertaining to enhanced AccessNI checks should be retained in keeping with AccessNI's code of practice.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Ms O’Kane, registered person, Mr Pirie, registered manager, the practice administrator who is also a registered dental nurse and two trainee dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine 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.

The following comment was provided in a submitted questionnaire:

- “I feel we deliver a very high standard of care which I strive to deliver at all times.”

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.

Mr Pirie advised that patient satisfaction surveys are undertaken twice a year. 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 Ms O’Kane, registered person, Mr Pirie, registered manager, 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 13 Stated: Second time To be Completed by: 30 December 2015	It is recommended that a refurbishment plan should be established to ensure that the complete flooring in the identified dental surgeries is impervious and coved or sealed at the edges.		
	Response by Registered Person(s) Detailing the Actions Taken: A refurbishment plan is currently being drawn up by the registered person and will be completed prior to 30 December 2015. This plan will be implemented towards the end of 2016 once funding in place.		
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 30 September 2015	It is recommended that prior to the disposal of original enhanced AccessNI disclosure certificates a record should be retained of the dates the check was applied for and received, the unique identification number and the outcome of assessment of the check.		
	Response by Registered Person(s) Detailing the Actions Taken: A register of all members of staff is in place which now will include sections detailing when an enhanced Access NI disclosure was applied for, when it was received, the outcome and unique identification number.		
Registered Manager Completing QIP	Jamie Pirie	Date Completed	16/11/15
Registered Person Approving QIP	Roisin O'Kane	Date Approved	16/11/15
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	16.11.15

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