



The Regulation and
Quality Improvement
Authority

Finaghy Dental Practice
RQIA ID: 11502
12 Finaghy Road South
Belfast
BT10 0DR

Inspector: Emily Campbell
Inspection ID: IN023642

Tel: 028 9062 3559

**Announced Care Inspection
of
Finaghy Dental Practice**

14 December 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 14 December 2015 from 10.00 to 12.15. On the day of the inspection the management of medical emergencies and recruitment and selection were generally found to be safe, effective and compassionate. It was also identified that a more formalised approach to patient consultation is needed. 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

No actions were required to be taken following the last care inspection on 25 February 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	1	2

The details of the QIP within this report were discussed with Mr Joe Scullion, registered person and Ms Breige McKeown, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Joe Scullion	Registered Manager: Mr Joe Scullion
Person in Charge of the Practice at the Time of Inspection: Mr Joe Scullion	Date Manager Registered: 08 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

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 Joe Scullion, registered person, Ms Breige McKeown, practice manager, the practice administrator, an associate dentist and two trainee dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 25 February 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 25 February 2015

As above.

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 Scullion 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). The Glucagon medication did not have a revised expiry date of 18 months from the receipt of the medication, which is required as it had not been stored between 2 and 8 degrees centigrade. On calculating what the revised expiry date should have been it was identified that it had exceeded its expiry date in October 2015. A new dose of Glucagon was obtained during the inspection and a revised expiry date recorded on the medication and monthly checking record. The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Scullion and Ms McKeown were advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of an automated external defibrillator (AED) and a self-inflating bag with reservoir suitable for use with a child. A copy of the invoice for the provision of a self-inflating bag with reservoir suitable for use with a child was emailed to RQIA on 15 December 2015. A recommendation was made to consider the provision of an AED.

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.

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 Scullion 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 Scullion 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 Scullion 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

The availability of an AED should be reviewed. Mr Scullion should seek advice and guidance from his medico-legal advisor in this regard and any recommendations implemented.

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

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. The amended policy was comprehensive and reflected best practice guidance.

Two 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 one file 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;
- criminal conviction declaration;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

One file reviewed contained a record of verbal references obtained. Ms McKeown confirmed that the practice policy is now to obtain two written references as evidenced in the second file reviewed.

Enhanced AccessNI checks were evidenced in both files reviewed; however; these were received after the commencement of employment. A requirement was made that enhanced AccessNI checks must be undertaken and received in respect of staff (including self-employed staff) prior to the commencement of employment.

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

Ms McKeown 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 further development is needed to ensure that recruitment and selection procedures are 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.

Two 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 staff confirmed that they 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 generally 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, these should be obtained prior to the commencement of employment.

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

Enhanced AccessNI checks must be undertaken and received prior to the commencement of employment.

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

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Joe Scullion, registered person, Ms Breige McKeown, practice manager, the practice administrator, an associate dentist and two trainee dental nurses. 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.

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; however, this was not completed. Ms McKeown verbally confirmed during the inspection 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.

The patient satisfaction report lacked detail regarding the number of responses and specific findings. On discussion, it was identified that there had been a small response from patients. It was confirmed that there is no active approach taken regarding patient consultation and patient satisfaction questionnaires are left at reception for patients to take and complete if they choose to do so. A recommendation was made that a more formalised approach is taken to obtaining the views of patients. This should be completed at least on an annual basis and the results collated to provide a summary report which is made available to patients.

It was discussed how this could be achieved and suggestions were provided regarding the patient satisfaction questionnaire template and how results should be analysed and collated.

Areas for Improvement

A more formalised approach should be taken to obtaining the views of patients.

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

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Joe Scullion, registered person and Ms Breige McKeown, practice 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

Statutory Requirements			
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 14 December 2015	The registered person must ensure that enhanced AccessNI checks are undertaken and received in respect of staff (including self-employed staff) prior to the commencement of employment.		
	Response by Registered Person(s) Detailing the Actions Taken: In future all Enhanced AccessNI checks will be undertaken prior to commencement of employment.		
Recommendations			
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 14 March 2016	The availability of an automated external defibrillator (AED) should be reviewed. Mr Scullion should seek advice and guidance from his medico-legal advisor in this regard and any recommendations implemented.		
	Response by Registered Person(s) Detailing the Actions Taken: a defibrillator will be in place by the 14 march 2016.		
Recommendation 2 Ref: Standard 9.2 Stated: First time To be Completed by: 14 March 2016	A more formalised approach should be taken to obtaining the views of patients. This should be completed at least on an annual basis and the results collated to provide a summary report which is made available to patients.		
	Response by Registered Person(s) Detailing the Actions Taken: A new patient satisfaction survey has been developed and new process is in place to set aside 1 day per month whereby all patients will be given to complete, a summary of the findings will be recorded on computer and displayed on our notice board on a yearly basis		
Registered Manager Completing QIP	Mr JP Scullion	Date Completed	13/1//2016
Registered Person Approving QIP	Mr JP Scullion	Date Approved	13/1/2016
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	13.1.16

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