

Announced Care Inspection Report 21 September 2016



Railway Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 9 Railway Street, Strabane BT82 8EG

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Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Railway Dental Care took place on 21 September 2016 from 09:50 to 13:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Kennedy, registered person and a dental nurse evidenced that a number of issues need to be addressed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. A review of the requirements and recommendations made during the previous inspection identified that a number of them had not been met or had only been partially met. One requirement regarding staff personnel files had not been met and has been stated for the second time. Four of the seven recommendations were only partially met or not met. One in respect of the provision of an automated external defibrillator (AED) has been stated as a requirement. Three regarding the provision of medical emergency equipment, the development of a recruitment policy and documents in respect of staff induction and recruitment and selection of staff have been stated for the second time.

One requirement regarding undertaking and receiving AccessNI enhanced disclosure checks prior to any new staff commencing work in the future has been made. Seven recommendations have also been made in relation to staff appraisals, recording of AccessNI information, safeguarding training, storage of Glucagon, completing the Infection Prevention Society (IPS) audit tool and the servicing of x-ray equipment and fire detection system.

Is care effective?

Observations made, review of documentation and discussion with Mr Kennedy and a dental nurse evidenced that a number of issues need to be addressed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. Recommendations have been made to develop a records management policy and to establish regular staff meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Kennedy and a dental nurse evidenced that arrangements are in place to promote patients' dignity, respect and involvement in decision making. However, the most recent report detailing the findings of the patient satisfaction survey was not available for review. Addressing this has been subsumed into a requirement, outlined in the well led domain. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection identified that a number of issues need to be addressed to ensure that effective leadership and governance arrangements are in place to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care.

Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation.

As discussed above a number of issues were identified within the domains of is care safe, is care effective and is care compassionate, which relate to quality assurance and good governance. Whilst Mr Kennedy demonstrated a clear understanding of his role and responsibilities in accordance with legislation and registration with RQIA, he has been consistently late in submitting completed Quality Improvement Plans (QIPs) within the specified timescales. In addition one requirement and four recommendations made during the previous care inspection were either only partially met or not met. A recommendation has been made regarding the submission of information to RQIA within specified timeframes. A number of records were not available for review during the inspection and a requirement has been made in this regard.

There is a lack of governance arrangements within the practice. The requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure any improvements made are being sustained. A recommendation was made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

The findings of this inspection and the lack of progress in relation to addressing the previous recommendations was discussed with senior management in RQIA, following which a decision was taken to schedule a follow-up inspection. The purpose of the follow-up inspection will be to seek assurances that the issues identified in the QIP have been addressed. Mr Kennedy was informed that an announced follow-up inspection will be undertaken to Railway Dental Care.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	14

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Gordon Kennedy, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Gordon Kennedy	Registered manager: Mr Gordon Kennedy
Person in charge of the practice at the time of inspection: Mr Gordon Kennedy	Date manager registered: 4 March 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the returned completed patient and staff questionnaires. The staffing information and complaints declaration issued to Mr Kennedy prior to the inspection had not been submitted to RQIA as requested. However, these documents were made available during the inspection.

During the inspection the inspector met with Mr Gordon Kennedy, registered person and a dental nurse. A tour of some areas of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 October 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 28 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (6) Stated: First time	The registered person must address the following issues in relation to emergency medicines: <ul style="list-style-type: none"> • a robust system to check the expiry dates of emergency medicines must be established; • records of expiry date checks must be retained; and • the expired Glucagon must be replaced. 	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that a system had been established to check the expiry dates of emergency medicines and records had been retained. It was observed that the expired Glucagon had been replaced. Mr Kennedy confirmed that Glucagon is stored in the fridge. However, fridge temperatures are not monitored and recorded. Mr Kennedy was advised that if stored in a fridge, daily fridge temperatures should be monitored and	

	<p>recorded to evidence that the temperature range is within the manufacturer's recommended temperature range of between two and eight degrees Celsius.</p> <p>This requirement has been met.</p> <p>A recommendation has been made regarding the storage of Glucagon.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.</p> <p>Action taken as confirmed during the inspection: Review of the staffing information made available on the day of inspection evidenced that three new staff had commenced work in the practice since the previous care inspection. Some documentation pertaining to the recruitment and selection of the identified staff members was not available for review. Additional information in this regard can be found in section 4.3 of this report.</p> <p>Compliance with this requirement could not be demonstrated.</p> <p>This requirement has been stated for the second time.</p> <p>An additional requirement has been made in the well led domain regarding the availability of records for review during inspections.</p>	<p>Partially Met</p>
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>Carried forward for review at the next inspection. Recommendations made in the radiation protection advisor (RPA) report dated August 2012 must be signed and dated by the radiation protection supervisor (RPS) to confirm they have been addressed.</p> <p>Action taken as confirmed during the inspection: Mr Kennedy confirmed that his appointed RPA had requested the radiation protection file and that</p>	<p>Met</p>

	<p>he had forwarded this to them during the week prior to the inspection. Prior to forwarding the file Mr Kennedy had made a copy of the most recent RPA report and action plan. Review of the RPA action plan demonstrated that all recommendations made had been addressed.</p> <p>As outlined the radiation protection file was not available for review. Availability of the file has been included in a requirement regarding the availability of records for review during inspections.</p>	
Recommendation 2 Ref: Standard 12.3 Stated: First time	<p>It is recommended that robust arrangements are established to ensure that medical emergency refresher training is provided on an annual basis in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Confirmation that staff have completed refresher training in medical emergencies should be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: The most recent training on the management of medical emergencies was undertaken during November 2015. Mr Kennedy confirmed that refresher training was being scheduled for November 2016.</p>	Met
Recommendation 3 Ref: Standard 12.4 Stated: First time	<p>It is recommended that a pocket mask with oxygen port, portable suction and oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) are provided.</p> <p>Action taken as confirmed during the inspection: Review of medical emergency equipment evidenced that a pocket mask was available. Mr Kennedy confirmed that portable suction and oropharyngeal airways were not available.</p> <p>This recommendation has been partially met and the component which has not been met has been stated for the second time.</p>	Partially Met
Recommendation 4 Ref: Standard 12.4 Stated: First time	<p>It is recommended that Mr Kennedy consult with his medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.</p>	Partially Met

	<p>Action taken as confirmed during the inspection:</p> <p>Mr Kennedy stated he had spoken with his medico-legal provider who advised that the provision of an AED was not a legal requirement however it would be best practice to have one.</p> <p>Despite this advice the practice does not have an AED nor have they established formal arrangements to gain timely access to an AED.</p> <p>In line with best practice guidance a requirement has been made to provide an AED or establish formal arrangements for timely access to an AED.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that protocols are developed for staff reference outlining the local procedure for dealing with anaphylaxis, asthma, epileptic seizures, hypoglycaemia and syncope as recommended in the BNF. Once developed the protocols should be shared with staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of documentation evidenced that protocols for managing the various medical conditions, as outlined in the British National Formulary (BNF) have been developed. It was confirmed that these protocols have been shared with staff.</p>	Met
<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • advertising and application process; • shortlisting, interview and selection process; • issuing of job description and contracts/agreements; • employment checks including two written references; • exploration of employment history including any gaps in employment; • pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties; • arrangements for obtaining an enhanced AccessNI check; and • evidence of professional qualifications and GDC registration if applicable. 	Not Met

	<p>Action taken as confirmed during the inspection: Mr Kennedy confirmed that a recruitment policy has not been developed.</p> <p>This recommendation has not been addressed and has been stated for the second time.</p>	
<p>Recommendation 7</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>It is recommended that the following issues in relation to induction and recruitment are addressed:</p> <ul style="list-style-type: none"> • a formal induction programme should be developed and records of induction retained; • job descriptions for the various roles in the practice should be developed and staff should be provided with a copy of their job description's; and • contracts/agreements of employment should be retained in staff personnel files. <p>Action taken as confirmed during the inspection:</p> <p>A review of recruitment and induction records evidenced the following:</p> <ul style="list-style-type: none"> • Two of the three most recently recruited staff members had completed an induction programme • Records in relation to the third staff member's induction were not available • Job descriptions had not been developed • Contracts/agreements of employment were not available <p>This recommendation has been partially met and has been stated for the second time.</p> <p>Availability of these records has been included in the requirement regarding the availability of records for review during inspections.</p>	<p>Partially Met</p>

4.3 Is care safe?

Staffing

Two dental surgeries are operational in this practice. However, only the dental surgery on the first floor of the practice is registered with RQIA. Mr Kennedy confirmed that the dental surgery on the ground floor of the practice has been operational since January 2016 providing NHS dental care and treatment only. Mr Kennedy is aware that the ground floor surgery cannot be used to provide private dental care and treatment until such times as it is registered with RQIA. Mr Kennedy confirmed that it is his intention to submit an application to vary the registration, by increasing the number of registered dental chairs from one to two, in the near future. Discussion with Mr Kennedy and the dental nurse and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Two of the three most recently recruited staff members had completed an induction programme. Mr Kenney confirmed that the third staff member had completed an induction; however, records of their induction had not been retained. As discussed a recommendation made during the previous care inspection included a component pertaining to induction. This recommendation has been stated for the second time.

Mr Kennedy confirmed that procedures were not in place for appraising staff performance. A recommendation has been made that a system should be implemented for appraising staff performance at least on an annual basis.

Mr Kennedy and the dental nurse confirmed that staff keep themselves updated with their General Dental Council (GDC) continuing professional development (CPD) requirements and that one of the dental nurses has an overview of CPD courses completed by staff.

Discussion with Mr Kennedy and review of documentation demonstrated that a robust system was in place to review the GDC registration status of all clinical staff.

Records confirming that all clinical staff who require individual professional indemnity cover were not retained at the practice. The availability of records for review during inspection is discussed further in section 4.6 of this report.

Recruitment and selection

Review of the staffing information and discussion with Mr Kennedy confirmed that three staff have been recruited since the previous inspection. The available information in respect of the identified staff members was reviewed and the following was noted:

- positive proof of identity for two of the three staff members
- confirmation that staff were registered with the GDC, where applicable
- two written references in respect of one staff member, one written reference in respect of a second staff member, and no written references were observed in respect of the third staff member
- information pertaining to AccessNI checks
- records pertaining to the hepatitis B vaccination status In respect of two of the three staff members

Records in respect of criminal conviction declarations, employment history (including an explanation of gaps in employment, if applicable), evidence of qualifications relevant to their role or agreements/contracts of employment, were not available for review. Mr Kennedy advised that he had some of these records. However, they were retained off site.

Mr Kennedy was advised that all documents as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any staff working in the practice regardless of whether they are directly employed or self-employed and available for inspection. The availability of records for review during inspection is discussed further in section 4.6 of this report.

The dates of commencement of employment for three staff members who had been recruited following the previous inspection could not be established. Despite this the arrangements for undertaking and reviewing AccessNI enhanced disclosure certificates were reviewed. In respect of the two most recently recruited staff members Mr Kennedy confirmed that AccessNI enhanced disclosure checks had been undertaken and reviewed prior to them commencing employment. In respect of the third staff member Mr Kennedy confirmed that a basic AccessNI disclosure check had been undertaken and received prior to them commencing employment. During September 2016, some eight months after the identified staff member commenced employment an enhanced AccessNI check was undertaken and received. A requirement has been made that AccessNI enhanced disclosure checks must be undertaken and received prior to any staff commencing work in the future. It was also noted that not all information in respect of AccessNI checks had been appropriately recorded and a recommendation has been made to address this.

Contracts of employment were not available for review. The availability of records for review during inspection is discussed further in section 4.6 of this report.

As discussed a recommendation was made previously to establish a recruitment policy. Mr Kennedy confirmed that a recruitment policy had not been established and therefore this recommendation has been stated for the second time.

Safeguarding

Mr Kennedy and the dental nurse spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

The dental nurse confirmed that she had received refresher training in respect of the protection of children and adults at risk of harm. The dental nurse confirmed that the training had been provided through discussion with Mr Kennedy. However, a record of this discussion had not been made and there were no records available to confirm that all staff had completed refresher training as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made to address this.

Mr Kennedy confirmed that one overarching policy and procedure is in place for the safeguarding and protection of children and adults at risk of harm. It was confirmed that the policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Mr Kennedy confirmed that the safeguarding policy and procedure would be reviewed and updated to ensure it fully reflects the new regional policy and guidance documents issued during July 2015 and March 2016. Following the inspection the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were forwarded to Mr Kennedy by electronic mail.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A recommendation has been made in regards to the storage of Glucagon. Review of emergency equipment evidenced that some equipment as recommended by the Resuscitation Council (UK) guidelines was retained. Recommendations were made previously in regards to an automated external defibrillator (AED) and the provision of oropharyngeal airways and portable suction. These recommendations had not been addressed. Subsequently, a requirement has been made in regards to the provision of an AED and the recommendation in regards to the provision of oropharyngeal airways and portable suction has been stated for the second time. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Mr Kennedy confirmed that the management of medical emergencies is included in the induction programme and review of training records evidenced that staff have completed refresher training within the previous 12 calendar months.

Discussion with Mr Kennedy and the dental nurse evidenced that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. It was observed that both dental surgeries are wallpapered with embossed wallpaper that has been painted. Mr Kennedy was advised that during the next planned refurbishment of the dental surgeries the use of wallpaper should be avoided in accordance with best practice guidance.

Discussion with the dental nurse demonstrated that she had an understanding of infection prevention and control policies and procedures and was aware of her roles and responsibilities. The dental nurse confirmed that staff had received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser have been provided to meet the practice requirements. Mr Kennedy confirmed that equipment used in the decontamination process had been validated during 2015 and would be revalidated during 2016. The validation records were not available for review. The availability of records for review during inspection is discussed further in section 4.6 of this report. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Mr Kennedy confirmed that the most recent occasion the Infection Prevention Society (IPS) audit tool, used to assess compliance with HTM 01-05, was completed was during October 2015. Mr Kennedy was informed that in keeping with HTM 01-05 this audit should be completed every six months. A recommendation has been made in this regard.

Mr Kennedy confirmed that a range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG). Mr Kennedy confirmed that the OPG has been decommissioned and is not in use.

As discussed the radiation protection file containing all documents pertaining to radiology and radiation safety had been forwarded to the radiation protection advisor (RPA) during the week prior to the inspection. The availability of records for review during inspection is discussed further in section 4.6 of this report.

Mr Kennedy confirmed that he is the radiation protection supervisor (RPS) for the practice and that audits of x-ray quality grading, justification and clinical evaluation recording are completed in keeping with best practice guidance.

Mr Kennedy confirmed that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near each x-ray machine. Mr Kennedy and a dental nurse demonstrated sound knowledge of the local rules and associated practice.

Mr Kennedy had made a copy of the most recent RPA report. Review of the report demonstrated that all recommendations made have been addressed.

Mr Kennedy confirmed that the x-ray equipment had not been serviced in a number of years. A recommendation has been made in regards to the servicing of x-ray equipment.

Environment

The environment was maintained to a fair standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include routine servicing of the oil central heating burner, intruder alarm and firefighting equipment. Portable appliance testing (PAT) of electrical equipment is undertaken on an annual basis.

Mr Kennedy confirmed that a legionella risk assessment was completed in house and arrangements are in place to review this annually. Water temperatures are monitored and recorded as recommended.

Mr Kennedy confirmed that a fire risk assessment was completed in house and that arrangements are in place to review this annually. A fire detection system to include a fire panel, emergency break glass points and emergency lighting were available in the practice. Mr Kennedy confirmed that no arrangements are in place to service the fire detection system and that no routine checks are undertaken in respect of the emergency break glass points or emergency lighting. A recommendation has been made to address this.

Mr Kennedy confirmed that the pressure vessels had been inspected in keeping with the written scheme of examination during 2015 and that they were due to be inspected again during 2016. Inspection records were not available for review. The availability of records for review during inspection is discussed further in section 4.6 of this report.

Patient and staff views

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. No comments were included in submitted questionnaire responses.

Areas for improvement

A system should be implemented for appraising staff performance at least on an annual basis.

A formal induction programme and job descriptions for the different designated roles in the practice should be developed.

AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the future.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended.

Information contained within AccessNI enhanced disclosure checks should be recorded.

A comprehensive recruitment policy and procedure reflecting best practice guidance should be developed.

A robust system should be established to ensure that all staff have completed refresher training in the protection of children and adults at risk of harm every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.

The practice must ensure that they have timely access to an AED in keeping with best practice guidance.

Glucagon should be stored in keeping with the manufacturer's instructions.

Portable suction and oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) should be provided.

The IPS HTM 01-05 compliance audit should be completed every six months in keeping with best practice guidance.

X-ray equipment should be serviced and maintained in accordance with the manufacturer's instructions.

The fire detection system should be serviced and maintained in accordance with the manufacturer's instructions. Routine checks should be undertaken in respect of the emergency break glass points and emergency lighting.

Number of requirements	3	Number of recommendations	10
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4.4 Is care effective?

Clinical records

Mr Kennedy and the dental nurse confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mr Kennedy confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Mr Kennedy confirmed that policies were available in relation to data protection and confidentiality and consent. However, a records management policy had not been established. A recommendation has been made that a records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection should be developed.

Review of records evidenced that the practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Kennedy confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets are available in the practice.

Audits

Mr Kennedy confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals to include:

- x-ray quality grading
- x-ray justification and clinical evaluation recording

However, as discussed records of x-ray audits were not available for review and it was confirmed that the IPS HTM 01-05 compliance audit had not been completed during 2016. A requirement and a recommendation have been made in the 'is care safe domain' to address these issues.

Communication

Mr Kennedy confirmed that arrangements are in place for onward referral in respect of specialist treatments and that template referral letters have been established.

Mr Kennedy and the dental nurse confirmed that staff have daily 'huddles' to discuss relevant issues. However, no formal staff meetings are held. A recommendation has been made that formal staff meetings should be held on a regular basis to discuss clinical and practice management issues, minutes retained and shared with staff.

The dental nurse confirmed that there are good working relationships, that there is an open and transparent culture within the practice and that management is approachable. The dental nurse confirmed that she could raise any issues or concerns she may have with management.

Patient and staff views

All seven patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- "When I phoned for a broken tooth I was given a slot the same day"
- "I have other health problems and these have been taken into consideration"

All four submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

Areas for improvement

A records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection should be established.

Staff meetings should be established and held on a regular basis and minutes retained.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Mr Kennedy and the dental nurse demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. It was confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. The dental nurse was observed to conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

Mr Kennedy confirmed that the practice undertakes patient satisfaction surveys on an annual basis and that the most recent patient satisfaction report was generated during 2015. The report detailing the findings of the 2015 patient satisfaction questionnaires was not available for review. Mr Kennedy was advised that these reports must be retained in the practice and made available to patients and other interested parties upon request. The availability of records for review during inspection is discussed further in section 4.6 of this report.

Patient and staff views

All seven patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was included in a submitted questionnaire response:

- "Well treated also maintains confidentiality"

All four submitted staff questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and the dental nurse was able to describe her role and responsibilities and she was aware of who to speak to if she had a concern. The dental nurse confirmed that there were good working relationships and that

management were responsive to any suggestions or concerns raised. Mr Kennedy is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. The dental nurse was aware of the policies and how to access them. A recommendation stated for the second time has been made to establish a recruitment policy and an additional recommendation has been made to establish a records management policy.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Mr Kennedy and the dental nurse demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The completed complaints questionnaire was made available during the inspection. Review of the completed complaints questionnaire evidenced that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Kennedy confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. The IPS HTM 01-05 compliance audit had not been completed within the previous six months and a recommendation has been made to address this.

A whistleblowing/raising concerns policy was available. Discussion with the dental nurse confirmed that she was aware of who to contact if she had a concern.

Whilst Mr Kennedy demonstrated a clear understanding of his role and responsibilities in accordance with legislation and registration with RQIA, he has been consistently late in submitting completed QIPs within the specified timescales following the issue of inspection reports. Prior to the inspection RQIA issued documentation to Mr Kennedy that should have been completed and returned to RQIA prior to the inspection. This information was not returned to RQIA; however the completed information was made available during the inspection. These matters have been discussed on a number of occasions with Mr Kennedy. A recommendation was made that any information requested by RQIA, and specifically the completion of a QIP, is submitted within the timescales specified.

Mr Kennedy confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

As discussed throughout this report a number of records were not available for review. Mr Kennedy confirmed that he retains some records pertaining to the practice off site. A recommendation had been made on the 21 June 2013 in regards to the availability of records for review during inspection. Despite this, some records were not available for review and subsequently a requirement has been made to address this.

A review of the requirements and recommendations made during the previous inspection identified that a number of them had not been met or had only been partially met. Mr Kennedy should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe, effective and compassionate care, all of which have an impact on quality assurance and good governance. Four requirements and 13 recommendations have been made in order to progress improvement in identified areas. There is a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. An additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

All seven patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was included in a submitted questionnaire response:

- "Mr Kennedy & staff provide an excellent service to myself and my two children. I am very happy with the quality of care"

All four submitted staff questionnaire responses indicated that they feel that the service is well led. No comments were included in submitted questionnaire responses.

Areas for improvement

Any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.

All records pertaining to the establishment must be available for review during inspections.

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Gordon Kennedy, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 19 September 2016</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by registered provider detailing the actions taken:</p> <p>FILES AMENDED AS REQUIRED.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (1) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>In line with best practice guidance Mr Kennedy must provide an AED or establish formal arrangements for timely access to an AED.</p> <p>Response by registered provider detailing the actions taken:</p> <p>PURCHASE OF AN AED IS UNDER INVESTIGATION.</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2016</p>	<p>Mr Kennedy must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p>Response by registered provider detailing the actions taken:</p> <p>REQUIRED IS NOTED.</p>

<p>Requirement 4</p> <p>Ref: Regulation 21 (3) 9b)</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2016</p>	<p>Mr Kennedy must ensure that all records pertaining to the practice are available in the practice for review by inspectors during inspections. The following records must be available for review during the next care inspection:</p> <ul style="list-style-type: none"> • personnel files for all staff recruited since registration with RQIA to include contracts of employment, records of induction and job descriptions • professional indemnity certificates for all staff who require individual indemnity cover • the most recent validation certificates for all equipment used during the decontamination process • the radiation protection file • the written scheme of examination inspection reports for all pressure vessels in the practice • the most recent report detailing the findings of the patient satisfaction surveys <p>Response by registered provider detailing the actions taken:</p> <p>REQUIREMENT IS NOTED.</p>
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Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be completed by: 21 September 2016	<p>If Glucagon is stored in a fridge, daily fridge temperatures should be monitored and recorded to evidence that the medicine is stored between two and eight degrees celsius as recommended by the manufacturer.</p> <p>Glucagon can be stored at a temperature not exceeding 25 degrees Celsius for 18 months provided that the manufacturer's expiry date is not exceeded. If stored at room temperature a revised expiry date should be recorded on the medication packing and expiry date checklist.</p> <p>Response by registered provider detailing the actions taken:</p> <p>RECOMMENDATION IS NOTED.</p>
Recommendation 2 Ref: Standard 12.4 Stated: Second time To be completed by: 21 October 2016	<p>It is recommended that portable suction and oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) are provided.</p> <p>Response by registered provider detailing the actions taken:</p> <p>PORTABLE SUCTION & OROPHARYNGEAL AIRWAYS ARE BEING OBTAINED.</p>

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 21 November 2016</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • advertising and application process; • shortlisting, interview and selection process; • issuing of job description and contracts/agreements; • employment checks including two written references; • exploration of employment history including any gaps in employment; • pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties; • arrangements for obtaining an enhanced AccessNI check; and • evidence of professional qualifications and GDC registration if applicable. <p>Response by registered provider detailing the actions taken:</p> <p>RECRUITMENT Policy ESTABLISHED</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.3</p> <p>Stated: Second time</p> <p>To be completed by: 21 October 2016</p>	<p>It is recommended that the following issues in relation to induction an recruitment are addressed:</p> <ul style="list-style-type: none"> • a formal induction programme should be developed and records of induction retained; • job descriptions for the various roles in the practice should be developed and staff should be provided with a copy of their job description's; and • contracts/agreements of employment should be retained in staff personnel files. <p>Response by registered provider detailing the actions taken:</p> <p>INDUCTION & RECRUITMENT POLICIES</p> <p>AMENDED AS NECESSARY.</p>

Recommendation 5 Ref: Standard 11 Stated: First time To be completed by: 21 November 2016	<p>Mr Kennedy should implement a system for appraising staff performance at least on an annual basis.</p> <p>Response by registered provider detailing the actions taken:</p> <p>STAFF APPRAISAL SYSTEM IMPLEMENTED.</p>
Recommendation 6 Ref: Standard Stated: First time To be completed by: 21 September 2016	<p>Establish a system for recording and verifying each AccessNI enhanced disclosure check received to include the following;</p> <ul style="list-style-type: none"> • a record of the date that the application form was submitted to the umbrella organisation • a record of the date the enhanced disclosure was received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the outcome of the registered provider's consideration of that certificate <p>Response by registered provider detailing the actions taken:</p> <p>SYSTEM IMPLEMENTED AS NECESSARY.</p>
Recommendation 7 Ref: Standard 15.3 Stated: First time To be completed by: 21 November 2016	<p>A robust system should be established to ensure that all staff have completed refresher training in the protection of children and adults at risk of harm every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Response by registered provider detailing the actions taken:</p> <p>SYSTEM IMPLEMENTED AS NECESSARY.</p>

<p>Recommendation 8</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>Arrangements should be established to ensure that the IPS HTM 01-05 audit tool is completed every six months in keeping with HTM 01-05.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>ARRANGEMENTS IMPLEMENTED AS NECESSARY.</p>
<p>Recommendation 9</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>X-ray equipment should be serviced and maintained in accordance with the manufacturer's instructions. Records of servicing should be retained and available for inspection.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>RECOMMENDATION IMPLEMENTED.</p>
<p>Recommendation 10</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>The fire detection system should be serviced and maintained in accordance with the manufacturer's instructions and records retained.</p> <p>Routine checks should be undertaken and recorded in respect of the emergency break glass points and emergency lighting.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>RECOMMENDATION IMPLEMENTED.</p>

<p>Recommendation 11</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>A records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection should be established.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>RECORDS MANAGEMENT POLICY ESTABLISHED.</p>
<p>Recommendation 12</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>Mr Kennedy should establish regular staff meetings. Minutes of staff meetings should be retained and shared with staff.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>RECOMMENDATION IMPLEMENTED.</p>
<p>Recommendation 13</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2016</p>	<p>The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, is submitted to RQIA within the timescales specified.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>RECOMMENDATION IS NOTED.</p>

<p>Recommendation 14</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>Mr Kennedy should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>MONITORING SYSTEMS REVIEWED.</p>
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G. Kennedy 1/11/16.

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