



The **Regulation** and
Quality Improvement
Authority

M J Galbraith Dental Surgery
RQIA ID: 11513
58 Belmont Road
Belfast
BT4 2AP

Inspector: Norma Munn
Inspection ID: IN024097

Tel: 028 9065 5903

Announced Care Inspection
of
M J Galbraith Dental Surgery

2 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 02 March 2016 from 09.50 to 11.50. On the day of the inspection the management of recruitment and selection was found to be safe, effective and compassionate. The management of medical emergencies was generally found to be safe, effective and compassionate. One issue was also identified in relation to patient consultation. 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 30 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Mr Martin Galbraith, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Martin Galbraith	Registered Manager: Mr Martin Galbraith
Person in Charge of the Practice at the Time of Inspection: Mr Martin Galbraith	Date Manager Registered: 31 October 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1

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
- 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 Galbraith, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment and the arrangements for the review of 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 30 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 30 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 25.1 Stated: Second time	<p>The flooring in the decontamination room should be replaced. When replacing the flooring the wooden door saddles must also be sealed or replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the decontamination room evidenced that new flooring compliant with HTM 01-05 has been provided and the wooden door saddles removed.</p>	Met

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 9</p> <p>Stated: Third time</p>	<p>A report of the findings of the most recent patient consultation exercise should be prepared and made available to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: The report of the findings of the patient consultation during 2014 was prepared and made available for patients. This recommendation has been met.</p> <p>However, a summary report had not yet been completed for 2015. Discussion with Mr Galbraith confirmed that questionnaires had been made available during 2015 however; he had received only two completed questionnaires from patients. A separate recommendation has been made to develop a more robust system to ensure that the patient satisfaction surveys are made readily available to all patients to ensure the practice is pro-actively seeking the views of patients. A summary report of the findings should be prepared and made available to patients on an annual basis.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 15</p> <p>Stated: Third time</p>	<p>Further develop the whistleblowing policy to guide and direct staff to the relevant persons should they need to raise a concern.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the whistleblowing policy evidenced the details of relevant persons for staff to contact should they need to raise a concern.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Colour coded cleaning equipment should be used in accordance with the National Patient Safety Agency recommendations.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Mr Galbraith and staff confirmed that colour coding equipment is now in use in accordance with the National Patient Safety Agency.</p>	Met

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Remove the plugs from the dedicated hand washing basins.</p> <p>The overflows should be covered with a metal plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Observation of hand wash basins evidenced that all plugs had been removed and overflows had been blanked off.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Remove the fabric towel and ensure an adequate supply of paper towels are available in the visitor's toilet.</p> <p>Action taken as confirmed during the inspection: Observation of the visitor's toilet evidenced that the fabric towel had been removed and disposable paper hand towels were provided.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>All staff who undertake periodic testing must ensure the relevant information is recorded in the equipment log books as outlined in HTM 01-05.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Galbraith and staff and a review of the equipment log books confirmed that information is recorded as outlined in HTM 01-05.</p>	<p>Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Galbraith and staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Galbraith 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 a self-inflating bag with reservoir suitable for use with a child and oropharyngeal airways. This equipment was ordered on the day of the inspection.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. A system to ensure that emergency equipment does not exceed their expiry date was developed on the day of the inspection. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Galbraith 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?

A policy for the management of medical emergencies was available. The policy did not include the provision of emergency medications and equipment, checking procedures, incident documentation and staff debriefing. A recommendation has been made.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Galbraith 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 Galbraith 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 generally 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 Galbraith 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 policy for medical emergencies should be further developed to include the provision of emergency medications and equipment, checking procedures, incident documentation and staff debriefing.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Two members of staff had been recruited since registration with RQIA. Both staff members had been recruited more than three years previously and not all records were retained; this is acceptable within current legislation. One staff personnel file was examined and the following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications
- evidence of current GDC registration

The file reviewed did not include a criminal conviction declaration made by the applicant, written references or confirmation that the person is physically and mentally fit to fulfil their duties. Since this staff member was recruited in 2012 the service has revised their recruitment and selection procedures to ensure that a criminal conviction declaration, written references and confirmation that the person is physically and mentally fit are sought.

Mr Galbraith confirmed that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- 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
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable

A copy of the original enhanced AccessNI enhanced disclosure was retained in the file reviewed. This is not in keeping with AccessNI Code of Practice. Mr Galbraith was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice. On the day of the inspection Mr Galbraith confirmed that the AccessNI check would be destroyed in keeping with the AccessNI code of practice. RQIA received confirmation via email on 3 March 2016 that a record was retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review.

A staff register was developed following the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. Mr Galbraith is aware that this is a live document.

Mr Galbraith 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 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.

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

Discussion with Mr Galbraith 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.

Discussion with Mr Galbraith and 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 Mr Galbraith and 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Galbraith, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection. This report had been completed following the previous inspection at the end of 2014. Review of this patient satisfaction report demonstrated that the practice pro-actively sought the views of patients about the quality of treatment and other services provided during 2014. Discussion with Mr Galbraith demonstrated that patient feedback whether constructive or critical, was used by the practice to improve, as appropriate.

However, as previously discussed, Mr Galbraith confirmed that questionnaires had been made available to patients during 2015 however; he had a poor response in questionnaires being returned. This was discussed and Mr Galbraith was advised to review how questionnaires are made available to patients to ensure the practice is continually pro-actively seeking the views of patients and that a patient satisfaction report is compiled annually of the results. Patient feedback whether constructive or critical, should be used by the practice to improve, as appropriate. A recommendation has been made.

Areas for Improvement

A more robust system should be developed to ensure that the patient satisfaction surveys are made readily available to all patients to ensure the practice is pro-actively seeking the views of patients.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person 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 may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 12.1 Stated: First time To be Completed by: 02 May 2016	The policy for the management of medical emergencies should be further developed to include the provision of emergency medications and equipment, checking procedures, incident documentation and staff debriefing.		
	Response by Registered Person(s) Detailing the Actions Taken: This has been completed 31/03/2016		
Recommendation 2 Ref: Standard 9 Stated: First time To be Completed by: 02 May 2016	A more robust system should be developed to ensure that the patient satisfaction surveys are made readily available to all patients to ensure the practice is pro-actively seeking the views of patients.		
	A summary report of the findings should be prepared and made available to patients on an annual basis. Response by Registered Person(s) Detailing the Actions Taken: This has been completed 31/03/2016		
Registered Manager Completing QIP	M J Galbraith	Date Completed	31/03/2016
Registered Person Approving QIP	M J Galbraith	Date Approved	31/03/2016
RQIA Inspector Assessing Response	Norma Munn	Date Approved	31/03/2016

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