



The **Regulation** and
Quality Improvement
Authority

Gentle Dentistry Omagh
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6 New Brighton Terrace
Kevlin Road
Omagh
BT78 1LL

Inspector: Philip Colgan
Inspection ID: IN023926

Tel: 028 8224 2218

Announced Care Inspection
of
Gentle Dentistry Omagh

27 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 27 January 2016 from 09.00 to 10.00. Mr Monaghan was not available during the inspection and the inspection was facilitated by a dental nurse.

On the day of the inspection it was found that improvements in management of medical emergencies and recruitment and selection are necessary in order for care to be safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 6 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	7

The details of the QIP within this report were discussed with the dental nurse at the conclusion of the inspection and with Mr Marius Monaghan, registered provider, subsequent to the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Marius Monaghan	Registered Manager: Mr Marius Monaghan
Person in Charge of the Practice at the Time of Inspection: Associate dentist	Date Manager Registered: 16 September 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with a dental nurse. The inspector did not have the opportunity to meet with any other staff. Mr Monaghan, registered provider, was working in his other dental practice, Gentle Dentistry, Fintona.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and the process for obtaining 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 6 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Recommendations from the last Care Inspection dated 6 November 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Floors in all clinical areas should be sealed at the edges where they meet the walls and kicker boards of cabinetry. Action taken as confirmed during the inspection: Discussion and observation confirmed that this recommendation has been met.	Met
Recommendation 2 Ref: Standard 13 Stated: First time	The printer on the non-vacuum steriliser should be repaired. Cycle parameters should be retained for at least two years. Action taken as confirmed during the inspection: Discussion and observation confirmed that this recommendation has been met.	Met
Recommendation 3 Ref: Standard 13 Stated: First time	The details of the daily automatic control test (ACT) should be recorded in the non-vacuum steriliser logbook. Action taken as confirmed during the inspection: Discussion and observation confirmed that this recommendation has been met.	Met

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with the dental nurse 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 the dental nurse confirmed that staff 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). However, it was observed that buccal Midazolam had exceeded the date of expiry. The format of buccal midazolam was not the format recommended by the Health and Social Care Board (HSCB). The dental nurse was advised that when replacing the expired buccal Midazolam it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. A requirement was made in this regard.

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 recommendation was made in this regard.

Checks are undertaken of the expiry dates of emergency medicines and equipment, however, as identified the buccal Midazolam had expired. A requirement was made that a robust system is introduced to ensure emergency medications 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 the dental nurse 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 it was identified that further development is needed to ensure that the arrangements for managing a medical emergency are safe.

Is Care Effective?

There was no comprehensive written policy for the management of medical emergencies and a recommendation was made. Some protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies, however, these require further development and a recommendation was made.

Discussion with the dental nurse demonstrated that she had a good understanding of the actions to be taken in the event of a medical emergency.

Discussion with the dental nurse confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that further development is needed to ensure that the arrangements for managing a medical emergency are 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 the dental nurse 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

A robust system for checking the expiry dates of emergency medications and equipment needs to be put in place.

The expired buccal Midazolam medication, for the emergency treatment of status epilepticus should be replaced. This should be replaced with the format 'Buccolam' as recommended by the Health and Social Care Board.

An overarching policy for the management of medical emergencies needs to be developed.

Protocols for dealing with medical emergencies should be further developed to ensure they provide concise details/actions in respect of the all of the various medical emergencies for staff reference.

The availability of an automated external defibrillator (AED) should be reviewed. Mr Monaghan should seek advice and guidance from his medico-legal advisor in this regard.

Number of Requirements:	2	Number of Recommendations:	3
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5.4 Recruitment and selection

Is Care Safe?

There was no recruitment policy and procedure available. A recommendation was made.

Whilst information about staff was available, it was not held in dedicated staff personnel files. A recommendation was made in this regard.

The practice has employed one new staff member since registration with RQIA, however, there was no staff personnel file available for review. Mr Monaghan confirmed in later discussion 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 on application
- confirmation that the person is physically and mentally fit to fulfil their duties, and
- evidence of professional indemnity insurance, where applicable.

A recommendation was made in this regard.

Original enhanced AccessNI certificates were being retained in the practice. The storage of disclosure information is not in keeping with AccessNI's code of practice. A recommendation was made that enhanced AccessNI disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check. Within new arrangements implemented by AccessNI, employers will no longer receive copies of disclosure checks and applicants have to show their copy to the employer. The above information should be recorded in respect of disclosure checks provided by staff.

A staff register was retained 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 Monaghan 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?

As discussed, a recruitment policy was not available and there was limited information to confirm that the practice's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

No personnel files were reviewed but it was noted that a contract of employment/agreement and job description for each staff member was available.

Induction programme templates are in place relevant to specific roles within the practice. Discussion with the dental nurse evidenced that induction programmes are completed when new staff join the practice.

Discussion with the dental nurse 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 the dental nurse staff confirmed that she is aware of her role 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 it was identified that further development is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with the dental nurse demonstrated that she has a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with the dental nurse 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

A policy for recruitment should be developed which is comprehensive and reflective of best practice guidance.

Dedicated staff personnel files should be developed.

Information pertaining to the recruitment process should be retained in staff personnel files in respect of any new staff, including self-employed staff, commencing work in the practice.

Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.

Number of Requirements:	0	Number of Recommendations:	4
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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 a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with a dental nurse at the conclusion of the inspection and with Mr Monaghan, registered provider, following the inspection as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 15.6 Stated: First time To be Completed by: 27 January 2016	The registered person must ensure that a robust system for checking the emergency medications and equipment is put in place. Response by Registered Person Detailing the Actions Taken:
Requirement 2 Ref: Regulation 15.6 Stated: First time To be Completed by: 27 January 2016	The registered person must ensure that the expired buccal Midazolam medication, for the emergency treatment of status epilepticus is replaced. This should be replaced with the format ' Buccolam' as recommended by the Health and Social Care Board. Response by Registered Person Detailing the Actions Taken:
Recommendations	
Recommendation 1 Ref: Standard 12.1 Stated: First time To be Completed by: 27 March 2016	An overarching policy for the management of medical emergencies should be developed. Response by Registered Person Detailing the Actions Taken:
Recommendation 2 Ref: Standard 12.1 Stated: First time To be Completed by: 27 March 2016	Protocols for dealing with medical emergencies should be further developed to ensure they provide concise details/actions in respect of the all of the various medical emergencies for staff reference. Response by Registered Person Detailing the Actions Taken:
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 27 March 2016	It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Monaghan should seek advice and guidance from his medico-legal advisor in this regard. Response by Registered Person Detailing the Actions Taken:

<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 27 March 2016</p>	<p>A policy for recruitment should be developed which is comprehensive and reflective of best practice guidance.</p> <hr/> <p>Response by Registered Person Detailing the Actions Taken:</p>
<p>Recommendation 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 27 March 2016</p>	<p>Dedicated staff personnel files should be developed.</p> <hr/> <p>Response by Registered Person Detailing the Actions Taken:</p>
<p>Recommendation 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 27 March 2016</p>	<p>Information pertaining to the recruitment process should be retained in staff personnel files in respect of any new staff including self-employed staff, commencing work in the practice. This should include the following:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph • evidence that an enhanced AccessNI check was received prior to commencement of employment • two written references, one of which should be from the current/most recent employer • details of full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable • evidence of current GDC registration, where applicable • criminal conviction declaration on application • confirmation that the person is physically and mentally fit to fulfil their duties; and • evidence of professional indemnity insurance, where applicable <hr/> <p>Response by Registered Person Detailing the Actions Taken:</p>
<p>Recommendation 7</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 27 February 2016</p>	<p>Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.</p> <hr/> <p>Response by Registered Person Detailing the Actions Taken:</p>

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk