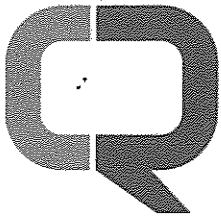


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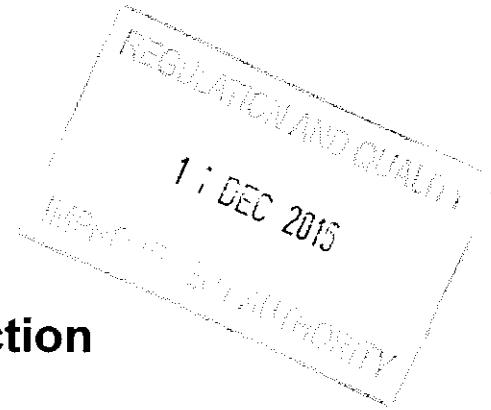


The Regulation and
Quality Improvement
Authority

Glen Dental Practice
RQIA ID: 11518
254 Ballysillan Road
Belfast
BT14 6RA

Inspector: Stephen O'Connor
Inspection ID: IN023383

Tel: 028 9071 4444



**Announced Care Inspection
of
Glen Dental Practice**

26 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 26 October 2015 from 09:50 to 11:50. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally 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 11 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with Miss Linda McVey, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dental World Limited Mr Robert McMitchell	Registered Manager: Miss Linda McVey
Person in Charge of the Practice at the Time of Inspection: Miss Linda McVey	Date Manager Registered: 13 March 2014
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Miss Linda McVey, registered manager, an associate dentist, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment and three 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 11 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 11 November 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b) 15 (7)</p> <p>Stated: First time</p>	<p>The following issues in relation to Dental Unit Water Lines (DUWLs) must be addressed;</p> <ul style="list-style-type: none"> • A policy and procedure for the management of DUWLs must be established and shared with staff; • Review the manufacturer's guidance and ensure that the DUWLs are disinfected/purged in keeping with the guidance; and • Ensure a commercially available biocide is used to disinfect DUWLs. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Miss McVey demonstrated that a policy and procedure on the management of DUWLs has been developed and implemented. The policy details the procedure to be followed to disinfect DUWLs with a commercially available biocide. The dental nurse confirmed that DUWLs are disinfected in keeping with the policy.</p>	

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A refurbishment programme should be established to address the following issues in surgery two:</p> <ul style="list-style-type: none"> • The overflows on the stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic; • The dental chair should be reupholstered; and • The section of flooring missing at the side of the dental chair should be replaced. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Miss McVey confirmed that surgery two is non-operational and that there are no immediate plans for surgery two to be operational. It was observed that the overflows have been blanked off and that the section of damaged flooring has been repaired. It was observed that the dental chair has not been reupholstered. However, Miss McVey confirmed that the dental chair would be reupholstered prior to the surgery being operational.</p>	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Miss McVey and staff demonstrated 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 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), and that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Miss McVey confirmed that the practice does not have an automated external defibrillator (AED) or timely access to a community AED. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were generally found to be safe.

Is Care Effective?

The policy for the management of medical emergencies was reviewed. The policy reflected best practice guidance in relation to specific medical emergencies. It did not reflect the arrangements in place for summoning help, who takes the lead in the event of a medical emergency and the process for recording information following a medical emergency. Miss McVey confirmed that the management of medical emergencies policy had been reviewed to include this information following a recent inspection of Lisburn Dental Surgery which is part of the Dental World Limited practices. It was disappointing to note that the updated medical emergencies policy had not been disseminated to the practice. Miss McVey was advised that arrangements should be established to ensure that updated policies and procedures are disseminated throughout the Dental World Limited practices. Miss McVey sourced the updated medical emergencies policy prior to the conclusion of the inspection. The updated policy reflected best practice guidance.

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

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion 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

Mr McMitchell should consult with his medico-legal advisor in regards to the provision of an AED in the practice and any recommendations made should be addressed.

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- two written references;
- details of full employment history, in one file;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application in one file;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

As stated above only one of the files included details of full employment history and a criminal conviction declaration by the applicant. Miss McVey was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Miss McVey is aware that the staff register is a live document that should be kept up-to-date.

Miss McVey confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

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

Is Care Effective?

In the main the dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Miss McVey 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. Miss McVey is aware of the procedure to be followed in regards to undertaking AccessNI checks and the handling of checks.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

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

Areas for Improvement

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.

Number of Requirements:	0	Number of Recommendations:	1
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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 Miss Linda McVey, registered manager, an associate dentist, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required. However, two completed staff questionnaires were available for review during the inspection.

Review of completed 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 was not dated and it did not specify the number of completed patient satisfaction surveys used to generate the report. This was discussed with Miss McVey who confirmed that the submitted report was generated during June 2015 and that in the future patient satisfaction reports will be dated and include the number of completed surveys used to generate the report.

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 Miss Linda McVey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered persons 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Recommendations			
Recommendation 1	It is recommended that Mr Mc Mitchell 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.		
Ref: Standard 12.4			
Stated: First time			
To be Completed by: 26 December 2015	Response by Registered Persons Detailing the Actions Taken: <i>Taking advice.</i>		
Recommendation 2	It is recommended that 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.		
Ref: Standard 11.1			
Stated: First time			
To be Completed by: 26 October 2015	Response by Registered Persons Detailing the Actions Taken: <i>Completed.</i>		
Registered Manager Completing QIP		Date Completed	<i>7/12/15</i>
Registered Person Approving QIP		Date Approved	<i>4.1.16</i>
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



The **Regulation** and
Quality Improvement
Authority

RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	07/01/2016
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