

**Announced Care Inspection
of
Green & Montgomery Dental Surgery**

27 November 2015

1. Summary of Inspection

An announced care inspection took place on 27 November 2015 from 10.00 to 13.15. On the day of the inspection it was found that improvements in the 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

No actions were required to be taken following the last care inspection on 7 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	7

The details of the QIP within this report were discussed with Mr David Montgomery, 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: Green and Montgomery/Mr David Montgomery	Registered Manager: Mr David Montgomery
Person in Charge of the Practice at the Time of Inspection: Mr David Montgomery	Date Manager Registered: 26 April 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

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

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

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

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

During the inspection the inspector met with Mr David Montgomery, registered person, a dental hygienist, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, a template of a contract of employment, and the arrangements for reviewing 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 7 January 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 7 January 2015

As above.

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr Montgomery 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 Montgomery and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored out of the fridge and a revised expiry date had not been recorded. Mr Montgomery was advised that if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date

checklist to reflect that the cold chain has been broken. A recommendation has been made. It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Montgomery was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir and mask suitable for use with children and paediatric pads for the Automated External Defibrillator (AED). Written confirmation was received by RQIA on 16 December 2015 that the self-inflating bag, mask and paediatric pads had been delivered to the practice.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. However, a system needs to be developed to include the checking of emergency equipment. A recommendation has been made. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Montgomery 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 generally found to be safe.

Is Care Effective?

A policy for the management of medical emergencies had not been developed. This was discussed with Mr Montgomery and a recommendation has been made. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, the protocols had not been reviewed in line with best practice. Written confirmation was received by RQIA on 16 December 2015 confirming that the protocols had been updated.

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 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 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

Glucagon medication should be stored in accordance with the manufacturer's guidance.

A system is to be developed to ensure that emergency equipment is checked and does not exceed the expiry date.

A policy for the management of medical emergencies needs to be development in line with best practice.

Number of Requirements:	0	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 policy needs to be developed in accordance with legislation and best practice guidance. A recommendation has been made.

The personnel file of one member of staff recruited since registration with RQIA was examined. The following was noted:

- evidence that an enhanced AccessNI check was received
- documentary evidence of qualifications
- evidence of current GDC registration and
- evidence of professional indemnity insurance

The file did not contain the following:

- positive proof of identity, including a recent photograph
- two written references
- details of full employment history, including an explanation of any gaps in employment
- criminal conviction declaration and
- confirmation that the person is physically and mentally fit to fulfil their duties

Mr Montgomery was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation has been made.

During a previous inspection it was identified that the AccessNI check for this member of staff had been received after commencement of employment. A requirement had been made at that time in relation to the AccessNI check. This requirement had been addressed previously and there have been no new members of staff recruited since the previous inspection.

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 Montgomery 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, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Discussion with Mr Montgomery confirmed that staff have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice. However, records confirming this had not been retained in one file reviewed. This was discussed with Mr Montgomery and two recommendations have been made.

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 it was identified that further development is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

As discussed, recruitment and selection procedures need further development to reflect 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 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

A recruitment policy should be developed in line with legislative and best practice guidance

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity, including a photograph must be added to the identified staff personnel file.

A record of inductions and copies of job descriptions should be retained for each staff member.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts should be retained in the personnel files of any new staff recruited.

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 Mr David Montgomery, registered person, a dental hygienist, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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. Five staff confirmed that their induction did not include the management of medical emergencies. However, discussion with Mr Montgomery confirmed that induction programmes are now 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 and discussion with Mr Montgomery 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 Mr Montgomery, 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(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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 November 2015</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: packaging marked with amended shelflife/expiry on receipt to account for storage outside fridge</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 November 2015</p>	<p>It is recommended that a system is in place to ensure that emergency equipment is checked and does not exceed the expiry date.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: reminder for monthly check of expiry date of equipment in addition to drug check made in diary and on computer to be the responsibility of nominated staff member.</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 27 February 2016</p>	<p>It is recommended that a policy for the management of medical emergencies is developed in line with legislative and best practice guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: current policy replaced with comprehensive but simplified version for easier use.</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 27 February 2016</p>	<p>It is recommended that a recruitment policy is developed in line with legislative and best practice guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: recruitment policy to be developed with input from HR consultant.</p>

Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 27 November 2015	It is recommended that staff personnel files for newly recruited staff, 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 including a recent photograph is to be added to the identified staff personnel file.		
	Response by Registered Person(s) Detailing the Actions Taken: photo ID obtained for existing staff and files for new staff to contain information as above.		
Recommendation 6 Ref: Standard 11.3 Stated: First time To be Completed by: 27 November 2015	It is recommended that a record of induction and copies of job descriptions are retained for each staff member.		
	Response by Registered Person(s) Detailing the Actions Taken: formal induction policy developed to include job description.		
Recommendation 7 Ref: Standard 11.1 Stated: First time To be Completed by: 27 November 2015	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts/agreements should be retained in the personnel files of any new staff recruited.		
	Response by Registered Person(s) Detailing the Actions Taken: expanded contract for one staff member.		
Registered Manager Completing QIP	David Montgomery	Date Completed	11/1/16
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Norma Munn	Date Approved	15/01/16

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