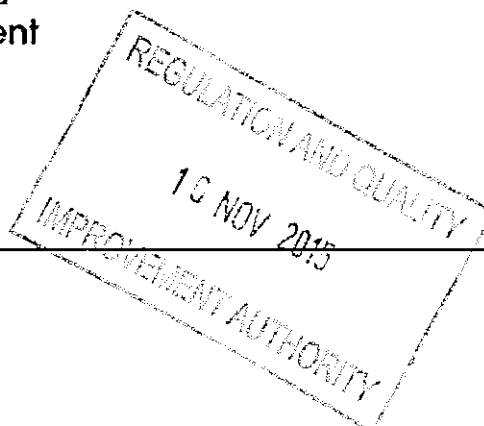


The Regulation and
Quality Improvement
Authority

Inspector: Carmel McKeegan
Inspection ID: IN022824

Hillsborough Dental Practice
RQIA ID: 11532
22 Lisburn Street
Hillsborough
BT26 6AB

Tel: 028 9268 8388



**Announced Care Inspection
of
Hillsborough Dental Practice**

25 September 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

Summary of Inspection

An announced care inspection took place on 25 September 2015 from 10.30 to 11.45. Overall on the day of the inspection the arrangement for recruitment and selection was found to be safe, effective and compassionate. An area for improvement was identified in relation to the management of medical emergencies and is 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 28 May 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	1

The details of the QIP within this report were discussed with Mr Kevin McKelvey, 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: Hillsborough Dental Practice Limited Mr Kevin McKelvey	Registered Manager: Mr Kevin McKelvey
Person in Charge of the Practice at the Time of Inspection: Mr Kevin McKelvey	Date Manager Registered: 17 May 2012
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; 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 Kevin McKelvey, registered person and the receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and two 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 28 May 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 28 May 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	In the interests of infection prevention and control the following issues should be addressed: <ul style="list-style-type: none"> • the fabric chair should be removed from the clinical area; and • the fabric notice board should be removed from the decontamination room. 	Met
	Action taken as confirmed during the inspection: Discussion with Mr McKelvey and observation confirmed that the fabric chair had been removed from the clinical area and the fabric notice board removed from the decontamination room.	

Recommendation 2 Ref: Standard 13 Stated: First time	Pedal operated clinical waste bins should be provided.	Met
	Action taken as confirmed during the inspection: Pedal operated clinical waste bins were observed in the practice as recommended.	
Recommendation 3 Ref: Standard 13 Stated: First time	Review the position of the illuminated magnification device in the decontamination room and ensure that a dirty to clean flow in keeping with best practice guidance is maintained at all times.	Met
	Action taken as confirmed during the inspection: Observation in the decontamination room verified that the illuminated magnification device had been repositioned to maintain the dirty to clean flow as recommended.	
Recommendation 4 Ref: Standard 13 Stated: First time	A copy of the QR22 commissioning report for the DAC Universal should be submitted to RQIA.	Met
	Action taken as confirmed during the inspection: A copy of the QR22 commissioning report had been submitted to RQIA as recommended.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr McKelvey 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 McKelvey and the receptionist 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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr McKelvey was advised that when the current form of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

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.

Mr McKelvey confirmed that the practice does not have an automated external defibrillator (AED) and the practice does not have any formal arrangements to get access to an AED within close proximity to the practice.

Discussion with Mr McKelvey and the receptionist 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 reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr McKelvey and the receptionist 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 McKelvey 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 Mr McKelvey and the receptionist 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

Advice and guidance should be sought from Mr McKelvey's medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice.

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

Is Care Safe?

Review of the recruitment policy and procedure identified that further development was needed. A revised recruitment policy and procedure was emailed to RQIA on 25 September 2015. Review of the revised recruitment and selection policy verified the policy to be comprehensive and reflective of best practice guidance.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr McKelvey confirmed on discussion that in accordance with the updated recruitment policy and associated procedures, 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 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 McKelvey 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.

Induction programme templates are in place relevant to specific roles within the practice.

Discussion with Mr McKelvey, the receptionist and review of returned staff questionnaires 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 receptionist confirmed that she is aware of her role and responsibilities.

Mr McKelvey confirmed that all relevant staff 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. Mr McKelvey is aware of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice

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

Discussion with Mr McKelvey and the receptionist 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 Kevin McKelvey, registered person and the receptionist. 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.

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 issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Kevin McKelvey, 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/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 RQIA's office 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

Recommendation 1

Ref: Standard 12.4
Stated: First time


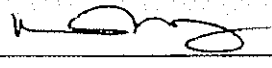
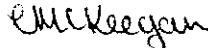
To be Completed by:
25 December 2015

It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.

Response by Registered Person(s) Detailing the Actions Taken:

Guidance from Dental Protection has already been sought, and further research around the area of sudden cardiac arrests, their frequency in dental practice and their ability to save lives compared with CPR alone.

Recommendation by Resus Council is to have one on-site. Research now underway with a view to sourcing & purchasing an AED.

Registered Manager Completing QIP		Date Completed	9-11-15
Registered Person Approving QIP		Date Approved	9-11-15
RQIA Inspector Assessing Response		Date Approved	18-11-15

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address