

The Regulation and
Quality Improvement
Authority

Kircubbin Dental Practice
RQIA ID: 11554
70 Main Street
Kircubbin
BT22 2SP

Inspector: Norma Munn
Inspection ID: IN023645

Tel: 028 4273 8729

REGULATION AND QUALITY
10 DEC 2015
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22 DEC 2015
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**Announced Care Inspection
of
Kircubbin Dental Practice**

06 November 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 6 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 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	1	5

The details of the QIP within this report were discussed with Ms Leona Thompson, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Anne Abraham	Registered Manager: Mrs Alison Rainey
Person in Charge of the Practice at the Time of Inspection: Ms Leona Thompson, practice manager	Date Manager Registered: 17 June 2012
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 Ms Thompson, practice manager, an associate dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file 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 20 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 20 May 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 25(2)(a) & (b) Stated: Second time	Address the following issue in the decontamination room: <ul style="list-style-type: none"> • the worktop should be sealed where it meets the splash-back. 	Met
	Action taken as confirmed during the inspection: It was observed that the worktop has been sealed in the decontamination room.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.1 Stated: First time	The flooring in the surgeries and decontamination room should be sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry to prevent the accumulation of dust and dirt and to prevent the ingress of water.	Met
	Action taken as confirmed during the inspection: Observation and discussion with Ms Thompson evidenced that the flooring in both surgeries and the decontamination room has been sealed where it meets the cabinetry.	
Recommendation 2 Ref: Standard 13.2 Stated: First time	The overflows on the hand washing sinks in the surgeries should be blanked off using a stainless steel plate and sealed it with an anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: Observation and discussion with Ms Thompson evidenced that the overflows on the hand washing basins had been blanked off. A plug was observed in use in the hand wash basin in one surgery. This was discussed with staff and immediately removed.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with 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 Ms Thompson 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). However, not all emergency equipment was provided as recommended by the Resuscitation Council (UK) guidelines. It was observed that a pocket mask with oxygen port, a self-inflating bag with reservoir and clear face masks suitable for use with children and oropharyngeal airways were not available.

Following the inspection, Ms Thompson confirmed by electronic mail that a pocket mask and a self-inflating bag for use with children had been ordered. A recommendation has been made to ensure that clear face masks suitable for use with children and oropharyngeal airways sizes 0-4 are provided as recommended by the Resuscitation Council (UK) guidelines.

An automated external defibrillator (AED) was not provided. However, the practice does have access to an AED in the medical centre in close proximity to the dental practice. Following the inspection, Ms Thompson confirmed by electronic mail the arrangement to access the AED. This arrangement needs to be included in the associated protocol.

A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, a review of the records evidenced gaps in the frequency of checks carried out. A recommendation has been made.

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 it was identified that further development is needed to ensure that the arrangements for managing a medical emergency are safe.

Is Care Effective?

The policy for the management of medical emergencies needs further developed to include the arrangements for checking emergency medicines and equipment and the arrangements to access the AED. A recommendation has been made. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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 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 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

Oropharyngeal airways in sizes 0-4 and clear face masks suitable for use with children should be provided.

More robust arrangements should be implemented to ensure emergency drugs and equipment are checked and do not exceed their expiry date.

The policy for the management of medical emergencies needs further 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 a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

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 prior to commencement of employment
- 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
- criminal conviction declaration and
- confirmation that the person is physically and mentally fit to fulfil their duties

Ms Thompson 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 requirement has been made.

A copy of the original enhanced AccessNI disclosure was retained in the file examined. This is not in keeping with AccessNI Code of Practice. Ms Thompson was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and a record should be 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. Following the inspection, Ms Thompson confirmed by electronic mail that the AccessNI check had been disposed of and a system developed in keeping with the AccessNI code of practice.

Ms Thompson also confirmed by electronic mail that a staff register had been developed 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. Ms Thompson is aware that this is a live document that should be kept up to date.

Ms Thompson 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 Ms Thompson 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 the file reviewed. This was discussed with Ms Thompson and two recommendations have been made.

Induction programme templates are in place relevant to specific roles within 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 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 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 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 recent photograph should be added to the identified staff personnel file.

A record of inductions and copies of job descriptions should be retained in staff personnel files.

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:	1	Number of Recommendations:	2
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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 Ms Thompson, practice manager, one associate dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that two members of staff were not provided with a job description and three members of staff did not have a contract of employment/agreement on commencing work in the practice. Staff confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. However, completed induction programmes were not available to review. This was discussed with Ms Thompson. 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 Ms Leona Thompson, practice 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 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.

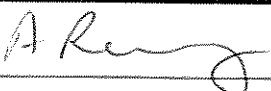

6.3 Actions Taken by the Registered Manager/Registered Person

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 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

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 6 November 2015</p>	<p>The registered person must ensure 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.</p> <p>In addition the registered person must ensure that proof of identity including a recent photograph is added to the identified staff personnel file.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>1 NEW MEMBER OF STAFF - FILE UPDATED WITH RECENT PHOTOGRAPH.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 6 December 2015</p>	<p>It is recommended that oropharyngeal airways and clear face masks suitable for use with children should be provided.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>AIRWAYS AND MASKS ARE NOW PROVIDED AND ADDED TO OUR EQUIPMENT LIST.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 6 November 2015</p>	<p>It is recommended that more robust arrangements are implemented to ensure emergency medicines and equipment do not exceed their expiry date.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A SYSTEM TO CHECK EMERGENCY MEDICINES EVERY FOUR WEEKS IS NOW IN PLACE. EQUIPMENT</p>

Recommendation 3 Ref: Standard 12.1 Stated: First time To be Completed by: 6 February 2016	<p>It is recommended that the policy for the management of medical emergencies is further developed in line with best practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We have developed our medical emergency policy and expanded the information kept with our emergency drugs.</p>		
Recommendation 4 Ref: Standard 11.3 Stated: First time To be Completed by: 6 November 2015	<p>It is recommended that a record of induction and a copy of the job description are retained in staff personnel files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New job description now completed for DCP, Practice Manager and staff personnel files updated.</p>		
Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 6 November 2015	<p>It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Contracts are in the process of being drawn up.</p>		
Registered Manager Completing QIP		Date Completed	2/12/15
Registered Person Approving QIP		Date Approved	2/12/15
RQIA Inspector Assessing Response		Date Approved	

**Please ensure this document is completed in full and returned to RQIA's office*



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RQIA Inspector Assessing Response	Norma Munn	Date Approved	23/12/2015
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