



The Regulation and
Quality Improvement
Authority

Knock Dental Surgery
RQIA ID: 11555
222 Knock Road
BELFAST
BT5 6QD

Inspector: Carmel McKeegan
Inspection ID: IN022755

Tel: 028 9040 1851

**Announced Care Inspection
of
Knock Dental Surgery**

18 June 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 18 June 2015 from 10.30 to 12.00. 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 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	3

The details of the QIP within this report were discussed with the Mrs Marie Johnston, 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: Mrs Marie Johnston and Mr John Johnston	Registered Manager: Mrs Marie Johnston
Person in Charge of the Practice at the Time of Inspection: Mrs Marie Johnston	Date Manager Registered: 25 August 2011
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 issue 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 briefly with Mr John Johnston, registered person, who was treating patients and spoke with an associate dentist and a dental nurse. Mrs Marie Johnston, registered person, facilitated the inspection.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, 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 13.2 Stated: First time	The overflows on the hand washing sinks in the surgeries should be blanked off using a stainless steel plate and sealed with anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: Observation of the hand washing basin in Mrs Johnston' s surgery evidenced that the overflow had been blanked off with a stainless steel as recommended. Mrs Johnston confirmed that all overflows in hand washing basins had also been blanked off in the remaining surgeries.	

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 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). It was observed that the Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs Johnston was advised that when the current form of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, it was noted that oropharyngeal airways were provided in sizes 2 and 3, these airways should be provided in sizes 0,1,2,3 and 4.

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 it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are 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 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

Oropharyngeal airways in sizes 0,1,2,3 and 4 should be provided in keeping with the Resuscitation Council (UK) Guidance.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Recruitment and Selection

Is Care Safe?

Review of the recruitment policy and procedures available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. The revised policy should include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work, state the arrangements for applicants to provide a criminal conviction declaration and provide confirmation that the person is physically and mentally fit to fulfil their duties.

The personnel files of the two staff members recruited since registration with RQIA were examined and the following was noted:

- two written references were provided for one of the staff members;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- evidence of current GDC registration, where applicable;
- details of full employment history, including an explanation of any gaps in employment was recorded in the record of interview; and
- evidence of professional indemnity insurance.

Discussion with Mrs Johnston confirmed that proof of identity had been obtained for each applicant in respect of processing their AccessNI Enhanced disclosure check; however this proof of identity had not been retained in the practice.

Mrs Johnston confirmed that verbal references had been obtained for each staff member; however only one was followed up with the provision of written references. Additional advice was provided on how to evidence that a written reference had been sought and how to record a verbal reference to evidence the source.

Discussion with Mrs Johnston confirmed the practice accepts CVs from applicants, review of both staff member's personnel information indicated that the applicant's CV had not provided the registered person with all the detail as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, the advantage of using of an application form, suited to the needs of the practice was discussed. Mrs Johnston was referred to Regulation 19 (2) Schedule 2 of the Regulations, which clearly states the information required in respect of employees, and advised that a recruitment and selection policy should reflect that the information contained therein.

There was no evidence to show that a criminal conviction declaration had been made by either staff member and was discussed with Mrs Johnston.

Mrs Johnston was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

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.

Mrs Johnston 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 some improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As previously stated the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation. With the exception of written references, all other recruitment checks were in place to ensure qualifications and registrations 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 Mrs Johnston and staff 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.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 18 July 2015</p>	<p>It is recommended that oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Oropharyngeal airways in all available sizes are now in place in the emergency equipment kit.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 18 July 2015</p>	<p>It is recommended that the recruitment and selection policy is further developed to ensure that the recruitment and selection of staff is undertaken in accordance with best practice and should include;</p> <ul style="list-style-type: none"> • the procedure for undertaking enhanced AccessNI checks to include the handling of disclosure certificates; • the procedure for ensuring that applicants make a criminal conviction declaration; and • confirmation that the person is physically and mentally fit to fulfil their duties. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: A procedure for the handling of disclosure certificates has been provided by Assess NI umbrella group. In addition to the enhanced criminal record check provided by Assess NI, all applicants will sign a self declaration in regards to criminal convictions from now on. New recruits will be required to confirm that they are physically and mentally fit to complete their duties before starting work. A written confirmation from either their MGP or occupational health will be required.</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 18 June 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Schedule 2 of The Independent health Care Regulations (Northern Ireland) 2005 has been reviewed and personnel folders for newly recruited staff will include all necessary documentation.</p>

Registered Manager Completing QIP	Marie Johnston	Date Completed	1/7/15
--	----------------	-----------------------	--------

Registered Person Approving QIP	Marie Johnston	Date Approved	1/7/15
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	3.7.15

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