



The Regulation and
Quality Improvement
Authority

Lisburn Road Dental & Implant Clinic
RQIA ID: 11566
424 Lisburn Road
Belfast
BT9 6GN

Inspector: Carmel McKeegan
Inspection ID: IN21340

Tel: 028 9038 2262

**Announced Care Inspection
of
Lisburn Road Dental & Implant Clinic
22 May 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 22 May 2015 from 10.30 to 11.45. Overall on the day of the inspection the management of medical emergencies were found to be generally safe, effective and compassionate. Areas for improvement were identified in relation to the recruitment and selection procedure 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 22 July 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	2	5

The details of the QIP within this report were discussed with Mr Greg Finnegan, 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: Mr Greg Finnegan	Registered Manager: Mr Greg Finnegan
Person in Charge of the Practice at the Time of Inspection: Mr Greg Finnegan	Date Manager Registered: 22 October 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 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

3. 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. Staff questionnaires despatched from RQIA had not been returned to RQIA prior to the inspection being undertaken and the report being issued.

During the inspection the inspector met with Mr Greg Finnegan, registered person, a dental nurse who also undertakes reception duties and a trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and two patient medical histories.

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 22 July 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 22 July 2014

Last Inspection Recommendation		Validation of Compliance
Recommendation 1 Ref: Standard 13.2 Stated: First time	The overflows on the hand washing sinks in the surgeries and decontamination room should be blanked off using a stainless steel plate and sealed with anti-bacterial mastic. The plugs should be removed.	Not Met
	Action taken as confirmed during the inspection: Mr Finnegan confirmed that the overflow in the hand washing basins have not yet been blanked off as the plumber was having difficulty sourcing appropriate materials due to the curved surface of	

	<p>the hand washing basin. Observation confirmed that plugs have been removed.</p> <p>The relevant part of this recommendation, relating to wash hand basin overflows, is stated for a second time.</p>	
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4.3 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. 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 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 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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4.4 Recruitment and Selection

Is Care Safe?

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

Staffing information returned from the practice analysed prior to the inspection indicated that a trainee dental nurse and two dentists had joined the practice since registration with RQIA. Discussion with Mr Finnegan confirmed that staff personnel files had not been compiled for these three staff members. However records were available to verify the following for the trainee dental nurse:

- positive proof of identity, including a recent photograph;
- an induction programme had been completed; and
- a work contract had been provided which was signed and dated by the employee;

Discussion with the trainee dental nurse indicated that an AccessNI check had been undertaken, the trainee dental nurse stated she had her own copy of the AccessNI enhanced disclosure certificate at home, however there were no records available in the practice. Mr Finnegan stated that Access NI enhanced disclosure checks had not yet been undertaken for either of the dentists recently employed.

The inspector discussed Regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005, which clearly states the information required in respect of employees, and advised that a recruitment and selection records should provide the information contained therein as follows;

- 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.

Discussion with Mr Finnegan confirmed the practice accepts CVs from applicants, Mr Finnegan was directed to the Labour Relations Agency and the Equality NI websites for advice and support on how best to ensure all of the information as stated above is provided in respect of persons employed in the practice.

A staff register was not available for inspection. A staff register should contain 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 Finnegan 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 do not comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide and further development is needed.

Personnel files were not available, however records were provided that verified a contract of employment/agreement and job description had been provided to all staff except the two recently appointed dentists.

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

Discussion with Mr Finnegan and the dental nurse/receptionist and the trainee nurse confirmed that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

Discussion with the dental nurse/receptionist and the trainee nurse confirmed that they are aware of their roles and responsibilities.

The dental nurse/receptionist also confirmed that there is a system in place to ensure that where a staff member is a registered dental professional details of their registration is verified with the GDC annually and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated some improvement is needed to ensure good practice is followed 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 Finnegan is aware of the need to undertake and receive enhanced AccessNI checks prior to any new staff commencing work. AccessNI disclosure certificates should be handled in keeping with the AccessNI Code of Practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.

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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

The recruitment and selection policy should be further developed as outlined.

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures should be received prior to any new staff commencing work in the practice.

Access NI disclosure certificates should be handled in keeping with best practice guidance.

A record of all documentation relating to the recruitment process must be retained in the practice for three years.

A staff register should be developed and retained.

Number of Requirements:	2	Number of Recommendations:	3
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4.5 Additional Areas Examined

4.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Greg Finnegan, registered person, a dental nurse/receptionist and a trainee dental nurse. 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.

Discussion with staff evidenced that they were provided with a job description and contract of employment 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.

4.5.2 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between the 1 January 2014 and the 31 March 2015.

4.5.3 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 the Regulation and Quality Improvement Authority (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.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Greg Finnegan, 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.

5.1 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.

5.2 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.

5.3 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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Ref: Regulation 19 (2) Schedule 2 (2) Stated: First time To be Completed by: 22 May 2015	<p>The registered person must ensure that an enhanced AccessNI check is undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>All new staff including dentists have ACCESS NI checks carried out</i></p>
Requirement 2 Ref: 21 (3) Stated: First time To be Completed by: 22 May 2015	<p>The registered person must ensure that a record of all documentation relating to the recruitment process is retained in the practice for three years.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>All documentation relating to our recruitment is kept</i></p>
Recommendations	
Recommendation 1 Ref: Standard 13.2 Stated: Second time To be Completed by: 22 June 2015	<p>It is recommended that the overflows on the hand washing sinks in the surgeries and decontamination room should be blanked off using a stainless steel plate and sealed with anti-bacterial mastic.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>We have now got this blanked off.</i></p>
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 22 June 2015	<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 obtaining an enhanced AccessNI check prior to commencement; • the provision of two written references, including a reference from the applicant's most recent employer; and • assurance that a written criminal conviction declaration is made by the applicant; and <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Process has been amended</i></p>

Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 22 May 2015	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. Response by Registered Person(s) Detailing the Actions Taken: All records are now kept for new staff
Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 22 May 2015	It is recommended that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome. Response by Registered Person(s) Detailing the Actions Taken: We now have this in place
Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 22 June 2015	It is recommended that a staff register 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, should be available in the practice. Response by Registered Person(s) Detailing the Actions Taken: We now have this in place

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	EM Keegan	Date Approved	29.2.16

Please provide any additional comments or observations you may wish to make below:

**Please complete in full and returned to independent.healthcare@rqia.org.uk from the authorised email address*

