



The Regulation and
Quality Improvement
Authority

Loughridge Dental Care
RQIA ID: 11570
116 Upper Lisburn Road
Belfast
BT10 0BD

Inspector: Emily Campbell
Inspection ID: IN21271

Tel: 028 9061 1880

**Announced Care Inspection
of
Loughridge Dental Care**

07 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 7 May 2015 from 9.50 to 11.15. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Some improvements in recruitment and selection procedures 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) Regulation 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 August 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 | 1 |

The details of the QIP within this report were discussed with Mrs Karen Lapping, senior nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|---|---|
| Registered Organisation/Registered Person: Mr Chris Loughridge | Registered Manager: Mr Chris Loughridge |
| Person in Charge of the Practice at the Time of Inspection: Mrs Karen Lapping | Date Manager Registered: 28 August 2014 |
| 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 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 two dental nurses, a receptionist and a hygienist. The inspection was facilitated by Mrs Karen Lapping, senior nurse. Mr Chris Loughridge, registered person, was not available during the inspection, however, the themes of the inspection were discussed with him by phone on 21 May 2015.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and three 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 August 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 August 2014

| Last Inspection Recommendations | | Validation of Compliance |
|--|--|--------------------------|
| Recommendation 1 Ref: Standard 13 Stated: Second time | A weekly protein residue test for the DAC Universal should be undertaken and recorded in the logbook. | Met |
| | Action taken as confirmed during the inspection: Review of the DAC Universal logbook evidenced that a weekly protein residue test is undertaken and recorded. | |
| Recommendation 2 Ref: Standard 13 Stated: First time | The DAC Universal logbook should be further developed to incorporate the periodic tests for a washer disinfectant. | Met |
| | Action taken as confirmed during the inspection: Pre-printed logbooks for both a washer disinfectant and a steriliser have been dedicated to the periodic testing of the DAC Universal. Review of the logbooks evidenced that the appropriate tests are undertaken and recorded. | |
| Recommendation 3 Ref: Standard 13 Stated: First time | Flooring should be sealed in all areas in the surgeries where it meets the walls and cabinetry should be sealed where it meets the flooring in the decontamination room and surgeries. | Met |
| | Action taken as confirmed during the inspection: Observations made evidenced that two of the three surgeries had been sealed as recommended. Confirmation that the flooring had been sealed in the third surgery was emailed to RQIA on 13 May 2015. | |

5.3 Medical and other emergencies

Is Care Safe?

Arrangements are in place that the emergency medicines and equipment for Loughridge Dental Care and D I Crutchley Dental Practice, located on the first floor of the building, are shared.

Medicines and equipment are located in this practice and are within easy access to both practices.

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, with the exception of oropharyngeal airways and an automated external defibrillator (AED). The portable suction appeared old and ineffective. Oropharyngeal airways and a new portable suction device have since been provided and this was verified during the inspection to D I Crutchley Dental Practice on 14 May 2015. Mr Loughridge confirmed, during discussion on 21 May 2015, that a community AED had recently been installed at a local retailers, which is within easy access to staff. Staff in the practice have been offered training in the use of the AED and Mr Loughridge confirmed that he will facilitate this training. Mr Loughridge also confirmed that he will update the associated emergency protocol to reflect the arrangements regarding the AED when staff training is provided.

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 and this is also reviewed by an identified staff member from D I Crutchley Dental Practice.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall 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.

Overall 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.

Overall 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.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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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.

Personnel files of the two staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received after employment in respect of one staff member and the check for the second staff member was not in respect of this practice;
- no written references;
- no details of full employment history;
- documentary evidence of qualifications, where applicable;

- evidence of current GDC registration, where applicable;
- no criminal conviction declaration on application;
- no confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Mrs Lapping advised that since the most recent recruitment, recruitment procedures have been reviewed and observations made confirmed that the information omitted in the personnel files reviewed are now included in the practice's recruitment checklist.

A staff register was not 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. However, this was established during the inspection. Mrs Lapping was advised that this is a live document which should be kept updated as staff leave or new staff commence work in the practice.

Mrs Lapping 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 records demonstrated that the appropriate indemnity cover is in place for all registered dental professionals.

Overall 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?

The dental service's written recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed not all relevant information was obtained in respect of staff recruited since registration with RQIA, however, checklists have been established to ensure this information is obtained in future.

Three 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 three evidenced that induction programmes are completed when new staff join the practice.

Discussion with two dental nurses, a receptionist and a hygienist 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.

Overall on the day of the inspection recruitment and selection procedures were generally found to be effective.

Is Care Compassionate?

Review of written 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. Of the two staff recruited since registration with RQIA, an enhanced AccessNI check was received after commencing employment for one staff member. The second staff member had been recruited after completing their dental nurse training in the practice and a copy of the college enhanced AccessNI check was retained. It was explained that these checks are not portable and a check should have been undertaken and received by the practice prior to them directly employing the staff member. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mrs Lapping. Mrs Lapping confirmed by email on 15 May 2015, that the application for the identified staff member has commenced.

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.

Overall 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

More robust arrangements should be established in relation to enhanced AccessNI checks.

Ensure recruitment and selection procedures reflect best practice guidance.

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| Number of Requirements: | 1 | Number of Recommendations: | 1 |
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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 two dental nurses, a receptionist and a hygienist. 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 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.

The following comments were provided in submitted questionnaires:

- “It’s excellent.”
- “Proud to be part of a caring team.”
- “We aim to provide a high standard of care for our patients.”

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 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 made during 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 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Karen Lapping, senior nurse, 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 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

Statutory Requirement

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| Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 7 May 2015 | <p>The registered person must ensure that an enhanced AccessNI check is undertaken and received in respect of the identified staff member and for any new staff recruited prior to the commencement of employment.</p> |
| | <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>An Access NI Check has been carried out in respect for the relevant staff member staff member, and an action plan is in place for carrying Access NI Checks prior to employment for any future staff member.</p> |

Recommendation

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| Recommendation 1 Ref: Standard 11 Stated: First time To be Completed by: 7 May 2015 | <p>It is recommended that recruitment and selection procedures are further developed to ensure the following are obtained and information retained in staff personnel files of any new staff recruited:</p> <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check is received prior to commencement of employment; • two written references, including one from the current/most recent employer; • details of full employment history, including an explanation of any gaps in employment; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. |
| | <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>New format file created with procedure relating to any new member of staff including mental health disclosure form</p> |

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| Registered Manager Completing QIP | Chris Loughridge | Date Completed | 19/06/15 |
| Registered Person Approving QIP | Chris Loughridge | Date Approved | 19/06/15 |
| RQIA Inspector Assessing Response | Emily Campbell | Date Approved | 9.7.15 |

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

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