



The Regulation and
Quality Improvement
Authority

Maghera Dental Care
RQIA ID: 11578
27 Church Street
Maghera
BT46 5EA

Inspector: Stephen O'Connor
Inspection ID: IN023389

Tel: 028 7964 3396

**Announced Care Inspection
of
Maghera Dental Care**

2 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 02 November 2015 from 09:50 to 12:05. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was generally found to be safe, effective and compassionate. One outstanding issue from the previous inspection in regards to the use of carpet in a dental surgery needs to be addressed. 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 08 January 2015.

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	2

The details of the QIP within this report were discussed with Mrs Lynne Henderson, 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 Lynne Henderson	Registered Manager: Mrs Lynne Henderson
Person in Charge of the Practice at the Time of Inspection: Mrs Lynne Henderson	Date Manager Registered: 24 July 2012
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 Mrs Lynne Henderson, registered person, an associate dentist and the practice manager who is a registered dental nurse.

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 08 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 8 January 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Establish a refurbishment programme to ensure that the complete flooring in the identified dental surgery and office is impervious and coved or sealed at the edges.	Not Met
	Action taken as confirmed during the inspection: It was observed that a section of flooring in surgery one is carpeted and that surgery one also houses a small office which has a carpeted floor. The office is partially open to the surgery as the walls do not go all the way to the ceiling and it does not have a door separating it from the surgery. Mrs Henderson confirmed that following the previous inspection the carpet was steam cleaned and treated with a product to prevent staining. Mrs Henderson confirmed that she is giving consideration to reconfiguring surgery one including the office and that until such times as plans are established she does not intend to replace the carpeting. This recommendation has not been addressed and it has been stated for a second time.	
Recommendation 2 Ref: Standard 13 Stated: First time	The following issues in relation to the legionella risk assessment should be addressed: <ul style="list-style-type: none"> • action points outlined in the risk assessment should be addressed, once addressed these should be signed and dated; and • control measures as outlined in the risk assessment should be implemented. Records of flushing of infrequently used outlets, and monthly monitoring of hot and cold sentinel water temperatures should be retained. 	Met
	Action taken as confirmed during the inspection: Review of the legionella risk assessment demonstrated that actions points have been signed and dated. Review of records demonstrated that infrequently used outlets are flushed daily and hot and cold sentinel water temperatures are monitored monthly.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mrs Henderson and staff demonstrated 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 Mrs Henderson and staff demonstrated 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 was not the format recommended by the Health and Social Care Board (HSCB). Mrs Henderson was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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 Mrs Henderson and 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 Mrs Henderson and 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
--------------------------------	----------	-----------------------------------	----------

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.

Three personnel files of 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;
- two written references in one file and one written reference in two files;
- 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 in one file;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. The staff personnel files for two staff recruited during 2015 included evidence that enhanced AccessNI checks had been received prior to commencement of employment. However review of a file for a staff member recruited during 2014 included evidence that the AccessNI was received after the staff member commenced work. This was discussed with Mrs Henderson who confirmed the practice has updated their recruitment and selection procedures and that she is aware that AccessNI checks must be in place prior to any new staff commencing work.

As discussed previously one file included two written references and two files included one written reference. One file included a criminal conviction declaration by the applicant; however two files did not include criminal conviction declarations by the applicants. These issues were discussed with Mrs Henderson who was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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 Henderson 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 generally 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, with the exception of issues previously discussed.

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 Mrs Henderson 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 generally found to be effective.

Is Care Compassionate?

In the main review of recruitment and selection procedures demonstrated good practice in line with legislative requirements with the exception of issues discussed previously.

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

In addition to the documentation already retained, ensure that each staff personnel file for any staff recruited in the future includes a criminal conviction declaration by the applicant and two written references.

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

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mrs Lynne Henderson, registered person, an associate dentist and the practice manager. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lynne Henderson 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 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 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

Recommendations			
Recommendation 1	Establish a refurbishment programme to ensure that the complete flooring in the identified dental surgery and office is impervious and coved or sealed at the edges.		
Ref: Standard 13			
Stated: Second time	Response by Registered Person Detailing the Actions Taken:		
To be Completed by: 02 February 2016	We plan to replace the carpet in surgery one seating area and office before the next inspection. Probably next October 2016.		
Recommendation 2	It is recommended that in addition to the documentation already retained; ensure that each staff personnel file for any staff recruited in the future includes a criminal conviction declaration by the applicant and two written references.		
Ref: Standard 11.1			
Stated: First time	Response by Registered Person Detailing the Actions Taken:		
To be Completed by: 02 November 2015	I have copied the criminal conviction declaration from the RQIA application form and all the dentists have filled one in. I also will ensure there are 2 written references and a criminal conviction declaration for each new employee.		
Registered Manager Completing QIP	Lynne M Henderson	Date Completed	14.12.2015
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	17/12/15

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