

Unannounced Enforcement Compliance Inspection Report 3 August 2016



Joan Mangan & Associates Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Joan Mangan & Associates Dental Practice took place on 03 August 2016 from 10:00 to 11:20. On arrival, the inspectors were informed that Ms Joan Mangan, registered person, was on planned leave and not due to return to work until 16 August 2016. The inspection was facilitated by Ms Helen Douglas, associate dentist.

The purpose of the inspection was to assess the level of compliance achieved in relation to a failure to comply (FTC) notice, FTC/IHC-DT/11582/2016-17/01, issued on 01 June 2016. The areas for improvement and compliance with the regulation were in relation to recruitment and selection of staff. The date for compliance with the notice was 03 August 2016.

FTC Ref: FTC/IHC-DT/11582/2016-17/01

It was evidenced that some progress had been made towards achieving compliance with the FTC notice, however, full compliance could not be verified during this inspection.

On the afternoon of the inspection senior management within the Regulation and Quality Improvement Authority (RQIA) met to discuss the inspection outcomes. As no new staff had been employed in the practice since the FTC notice had been issued a decision was made to extend the compliance date up to the maximum legislative timeframe of 90 days. Compliance with the notice must be achieved by 02 September 2016.

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 and the DHSSPS Minimum Standards for Dental Care and Treatment (2011).

1.1 Inspection outcome

As indicated above, there was evidence available to confirm that some progress had been made towards achieving compliance, however full compliance had not been achieved with the FTC notice.

As a result of the findings of this inspection the above notice was extended with a compliance date of 02 September 2016.

*All enforcement notices for registered establishments are published on RQIA's website at: http://www.rqia.org.uk/inspections/enforcement_activity.cfm

1.2 Actions/enforcement taken following the most recent care inspection

Following an announced care inspection on 23 May 2016 a failure to comply notice was issued with regards to recruitment and selection of staff. The date for compliance was 03 August 2016.

2.0 Service details

Registered organisation/registered provider: Ms Joan Mangan	Registered manager: Ms Joan Mangan
Person in charge of the establishment at the time of inspection: Ms Helen Douglas	Date manager registered: 11 March 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

- discussion with Ms Helen Douglas, associate dentist
- review of relevant records
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 May 2016

The requirements and recommendations made during the most recent inspection were not reviewed during this announced enforcement compliance inspection. These will be reviewed during the next announced care inspection.

4.3 Inspection findings

FTC Ref: FTC/IHC-DT/11582/2016-17/01

The Independent Health Care Regulations (Northern Ireland) 2005

Regulation 19 (2)

A person is not fit to work in or for the purposes of an establishment, or for the purposes of an agency unless –

(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.

SCHEDULE 2

INFORMATION REQUIRED IN RESPECT OF PERSONS SEEKING TO CARRY ON, MANAGE OR WORK AT AN ESTABLISHMENT OR AGENCY

(2) Either –

(a) Where a certificate is required for a purpose relating to registration under Part 111 of the Order, or the position falls within section 115 (3) or (4) of the Police Act 1997

(a), an enhanced criminal record certificate issued under section 115 of that Act.

The inspection findings of the actions specified in the FTC notice are as follows:

The registered person must ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt of a satisfactory AccessNI enhanced disclosure check prior to commencement of employment.

Ms Douglas confirmed that no new staff have been recruited since the previous inspection and that there are no staff currently in the process of being recruited.

Ms Mangan was named in the recruitment policy as the person with overall responsibility for the recruitment of staff. The policy indicated that Ms Mangan would be supported at interview by a second panel member.

As Ms Mangan was not available during the inspection, the inspectors were not able to ascertain her understanding of her role and responsibilities in respect of recruitment and selection processes or get assurances that legislative and best practice guidance in terms of recruitment and selection would be adhered to in the future.

The registered person must ensure that the staff recruitment policy and procedure contains details of all the required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The recruitment policy reviewed was dated September 2013 with a planned date of review of September 2014 recorded. A hand written statement 'Enhanced AccessNI needs to be in place prior to staff starting employment' had been included in the policy during the previous inspection on 23 May 2016; however, this addition had not been signed or dated.

Review of the policy evidenced that it had not been developed to include following information:

- the arrangements of obtaining and reviewing the employment histories of staff to include the exploration and recording of any gaps in employment, if applicable
- the arrangements in regards to criminal conviction declarations
- the arrangements to confirm that the person is physically and mentally fit to fulfil their duties as opposed to confirmation of hepatitis B status

It was noted that recruitment and AccessNI check lists had been developed since the previous inspection. It was suggested that the recruitment policy details the arrangements for completing these.

On further development of the recruitment policy it should be signed by Ms Mangan and the dates of implementation and planned review recorded.

The registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.

Review of documentation demonstrated that the following templates have been developed since the previous inspection:

- information in respect of AccessNI enhanced disclosure certificates
- new employee checklist
- disclosure and criminal records

The AccessNI enhanced disclosure template included the following information, staff member's name, date AccessNI applied for, date received and observations. Review of completed AccessNI templates evidenced that the AccessNI unique identification number has been recorded under observations. However, the signature of the person reviewing the AccessNI enhanced disclosure checks had not been recorded. This template should be further development to include the unique AccessNI identification number and the signature of the person reviewing the check.

The new employee checklist is a direct copy of the information outlined in Regulation 19 (2) Schedule 2 and completion of this checklist will ensure that the relevant recruitment documentation is retained in the future.

As discussed it is suggested that the arrangements for completing the newly developed AccessNI and new employee checklists is included in the recruitment policy.

The registered person must ensure that all staff involved in the recruitment process receive training or refresher training in safeguarding of children and vulnerable adults.

Ms Mangan was named in the recruitment policy as the person with overall responsibility for the recruitment of staff. The policy indicated that Ms Mangan would be supported at interview by a second panel member. The name of the second panel member was not included in the recruitment policy and RQIA were unable to ascertain who fulfilled this role.

Review of documentation evidenced that the Northern Ireland Medical and Dental Training Agency (NIMDTA) delivered refresher training in safeguarding children in the practice on 9 June 2016 and Ms Mangan attended this. As RQIA were unable to ascertain who the second interview panel members would be we were unable to verify if they had attended this training.

There was no evidence available that safeguarding adults at risk of harm training had been provided following the issuing of the FTC. However, Ms Douglas confirmed that NIMDTA were scheduled to provide refresher training in the protection of adults at risk during October 2016.

Ms Douglas was advised that the date for this training was outside the compliance timeframe specified in the FTC notice.

Conclusion

Review of documentation and discussion with Ms Douglas demonstrated that some progress had been made towards achieving compliance with the actions outlined in the FTC notice. However, full compliance with the FTC notice could not be verified during this inspection.

RQIA senior management met on the afternoon of 03 August 2016. No new staff had been employed in the practice since the FTC notice had been issued; therefore, the risk to patients, as a result of poor recruitment practice, is currently minimised. As a result of this a decision was made to extend the compliance date up to the maximum legislative timeframe of 90 days. Compliance with the notice must be achieved by 02 September 2016.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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