

Unannounced Enforcement Compliance Inspection Report 2 September 2016



Joan Mangan & Associates Dental Practice

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

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Inspectors: Stephen O'Connor and Emily Campbell

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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 02 September 2016 from 10:00 to 10:25.

The purpose of the inspection was to assess the level of compliance achieved in relation to a failure to comply notice, FTC/IHC-DT/11582/2016-17/01, issued on 01 June 2016. The date for compliance with the notice issued on 01 June 2016 was 03 August 2016. However, during the inspection undertaken on 03 August 2016, it was identified that compliance had not been achieved. A decision was made to extend the compliance date up to the legislative timeframe of 90 days with a compliance date of 02 September 2016 identified. The areas for improvement and compliance with the regulations were in relation to recruitment and selection of staff.

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

Evidence was available during this inspection to confirm that systems and processes have been implemented to address the deficits identified with the recruitment and selection of staff. Inspectors were satisfied that full compliance had been achieved with the above failure to comply notice.

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 Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

1.1 Inspection outcome

As indicated above, evidence was available to validate full compliance with the above failure to comply notice.

As a result of the findings of this inspection a confirmation of compliance letter was issued.

*All enforcement notices for registered agencies/services are published on RQIA's website at: <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity/>

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 to Joan Mangan & Associates Dental Practice on 01 June 2016 relating to poor practice associated with the recruitment and selection of staff.

An unannounced enforcement compliance inspection was carried out on 03 August 2016 to assess compliance with the failure to comply notice. Evidence was not available at this time to validate compliance with the notice. A decision was made to extend the compliance date up to the legislative timeframe of 90 days. The date for compliance on the notice was 02 September 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 Joan Mangan	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 Joan Mangan, registered person
- 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 unannounced enforcement compliance inspection. These will be reviewed during the next announced care inspection.

4.2 Inspection findings

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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 Mangan 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.

Discussion with Ms Mangan evidenced that she understands her role and responsibilities in relation to recruitment and selection of staff. Ms Mangan confirmed that should new staff be recruited in the future that they will be recruited in accordance with statutory legislation and mandatory requirements to include that an enhanced AccessNI check must be in place prior to any new staff, including self-employed staff commenced work 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.

Review of the recruitment policy demonstrated that it had been further developed following the previous enforcement compliance inspection. The date of implementation and planned review has been recorded on the updated policy. Ms Mangan is named in the policy as the person with overall responsibility for the recruitment of staff. The policy includes the procedure for ensuring that all required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained. The policy also details the procedure for completing the new employee checklist and AccessNI recording templates.

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 templates for recording information in respect of AccessNI enhanced disclosure certificates and the new employee checklist have been further developed since the previous unannounced enforcement compliance inspection.

The AccessNI enhanced disclosure template now includes the unique AccessNI identification number and the signature of the person reviewing the check. Completion of this template will ensure that all necessary information contained within AccessNI enhanced disclosure checks undertaken and received is recorded.

The new employee checklist now includes the signature of the person completing the checklist. Completion of this checklist will ensure that all necessary information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been retained.

As discussed the recruitment policy includes the procedure for completing the new employee checklist and AccessNI recording templates and it identifies that Ms Mangan is responsible for completing these templates.

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.

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. Review of the NIMDTA training register evidenced that three staff did not attend this training. However, these staff had signed to confirm that they had read and understood the presentation and information used during the NIMDTA training.

Review of records confirmed that refresher training on adults at risk of harm had been delivered in-house and Ms Mangan confirmed that staff in the practice are booked on a NIMDTA continuing professional development (CPD) core day which includes adults at risk of harm on the 16 October 2016.

Ms Mangan confirmed that she has overall responsibility for the recruitment of staff and that a second staff member will be appointed to support her during the interview process. Ms Mangan confirmed that the second staff member is not named on the recruitment policy as this person may change depending on work commitments and availability. However, Ms Mangan explained that when selecting the second staff member she will review their training records and ensure that they have up-to-date training in protection of children and adults at risk of harm before appointing them to support her.

Conclusion

Evidence was available to validate compliance with the requirements of this failure to comply.

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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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