



The Regulation and
Quality Improvement
Authority

Inspector: Norma Munn
Inspection ID: IN023933

REGULATION AND QUALITY

31 MAR 2013

IMPROVEMENT AUTHORITY

Bangor Orthodontics
RQIA ID: 11592
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**Announced Care Inspection
of
Bangor Orthodontics**

29 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 29 February 2016 from 09.50 to 12.50. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. One issue was identified in relation to the application for registration as registered manager in respect of Mr Conor Armstrong. 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 the action detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 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	1	2

The details of the QIP within this report were discussed with Mr Armstrong, 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: Bangor Orthodontics Miss Maeve McCroary Mr Peter Turner Miss Judith Finlay Mr Conor Armstrong	Registered Manager: Mr Conor Armstrong (registration pending)
Person in Charge of the Practice at the Time of Inspection: Mr Conor Armstrong	Date Manager Registered: Registration pending

Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 5
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3. Inspection Focus

The inspection sought to assess progress with the issue 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 Mr Armstrong and Mr Turner, registered persons, three dental nurses and one receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, contracts of employment and the arrangements for reviewing 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 20 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of the Recommendation from the last Care Inspection dated 20 January 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Separate logbooks should be established for each piece of decontamination equipment in keeping with HTM 01-05, to provide a complete history for each individual machine.	Met
	Action taken as confirmed during the inspection: Review of the log books for each piece of decontamination equipment evidenced that this recommendation has been met.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Armstrong and staff confirmed that training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Review of induction programmes and discussion with Mr Armstrong confirmed that the management of medical emergencies had not been included in the induction programme. However, Mr Armstrong readily agreed to update the induction programme for newly appointed staff to include the management of medical emergencies.

Discussion with Mr Armstrong and 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). The Glucagon medication was stored out of the fridge and a revised expiry date had not been recorded. Mr Armstrong was advised that if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. Mr Armstrong agreed to record the revised expiry date on the medication packaging and checklist on the day of the inspection. It was observed the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Armstrong was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is in general retained in the practice with the exception of portable suction, oropharyngeal airways size 0, 1, 2, 3 and 4 and a self-inflating bag with reservoir and mask suitable for use with children. Mr Armstrong agreed to order this equipment on the day of the inspection. RQIA received confirmation by electronic mail on 10 March 2016 that the equipment had been 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.

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 generally found to be safe.

Is Care Effective?

A policy for the management of medical emergencies was in place. However, the policy needs to include the location and checking of emergency medicines and equipment and the arrangements regarding how to summon help, incident documentation and staff debriefing.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, the protocols were dated 2007 and need to be further developed in line with best practice guidance. This was discussed with Mr Armstrong who agreed to review the policy and protocols. A recommendation has been made.

Discussion with Mr Armstrong and 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 Mr Armstrong 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 generally 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

The policy for the management of medical emergencies needs to be further developed in line with best practice and the protocols for dealing with medical emergencies should be reviewed and updated.

Number of Requirements:	0	Number of Recommendations:	1
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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.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Armstrong confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- 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
- 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. Whilst no new staff had been recruited since registration it was observed that copies were retained of the original AccessNI disclosures obtained for staff prior to registration. This is not in keeping with the AccessNI Code of Practice. Mr Armstrong was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and a record should be retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review. On the day of the inspection Mr Armstrong confirmed that the AccessNI checks would be destroyed in keeping with the AccessNI code of practice. RQIA received confirmation via electronic mail on 10 March 2016 that a record was retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review.

A staff register was developed following the inspection 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. Mr Armstrong is aware that this is a live register and needs to be kept up to date.

Mr Armstrong 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 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.

Discussion with Mr Armstrong confirmed that staff have been provided with a job description and have received induction training when they commenced work in the practice. Induction programme templates are in place relevant to specific roles within the practice. However, as previously discussed, induction programmes did not include the management of medical emergencies. Job description templates were not available to review on the day of the inspection. Following the inspection RQIA received confirmation by electronic mail on 10 March 2016 that templates of job descriptions have been developed.

Mr Armstrong confirmed that not all staff have contracts of employment. Two contracts of employment reviewed were not fully completed. Mr Armstrong confirmed that he is currently updating contracts and will ensure that all staff will have a contract/agreement in place. A recommendation has been made.

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?

Review of 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.

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

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. A record of the contract/agreement should be retained in the personnel files of any new staff recruited.

Number of Requirements:	0	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 Mr Armstrong and Mr Turner, registered persons, three dental nurses and one receptionist. 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 not all staff were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that although induction programmes are in place for new staff, the induction does not include the management of medical emergencies. As previously discussed, Mr Armstrong has agreed to include the management of medical emergencies in induction programmes for newly appointed staff. 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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.

5.5.4 Application for Registration as Registered Manager

On 23 September 2015 RQIA received notification in writing from Miss Maeve McCroary that she was no longer the registered manager of the practice and that Mr Conor Armstrong would be submitting a registered manager application. However, following Miss McCroary correspondence on 23 September 2015, RQIA did not receive a registered manager's application in respect of Mr Armstrong. This was discussed with Mr Armstrong during the inspection who agreed to submit a full and complete application. It was agreed that a completed application would be submitted by Mr Armstrong to RQIA on or before 14 March 2016. On 15 March 2016 RQIA received a partial registered manager application in respect of Mr Armstrong. A requirement has been made in this regard.

Areas for Improvement

A full and completed registered manager application must be submitted to RQIA in respect of Mr Conor Armstrong.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

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

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 Requirements

Requirement 1

The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003

Ref: Article 12 (1)

**Stated: First Time
To be Completed by:
28 March 2016**

A full and completed registered manager application must be submitted to RQIA in respect of Mr Conor Armstrong.

Response by Registered Person(s) Detailing the Actions Taken:

S.S.4 should indicate that I delayed submitting the forms for Registered Manager from September 2015. I only received the forms when I phoned to clarify the situation on Thursday 25 February 2016. I requested more than 2 weeks to complete the forms but Miss Munn decided that 14 March 2016 was to be the cut off point. The forms are now with RQIA.

Recommendations

Recommendation 1

Ref: Standard 12.1

Stated: First time

**To be Completed by:
29 May 2016**

The policy for the management of medical emergencies should be further developed in line with best practice. The policy should include the provision of emergency medications and equipment, checking procedures, how to summon help, incident documentation and staff debriefing.

The protocols for dealing with medical emergencies should be reviewed in line with best practice. .

Response by Registered Person(s) Detailing the Actions Taken:

Policy updated.

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 29 March 2016</p>	<p>It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>A record of the contract/agreement should be retained in the personnel files of any new staff recruited.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Contracts are being issued to staff.</p>	

<p>Registered Manager Completing QIP</p>	<p><i>Ann Connolly</i></p>	<p>Date Completed</p>	<p>24.3.16</p>
<p>Registered Person Approving QIP</p>	<p><i>Ann Connolly</i></p>	<p>Date Approved</p>	<p>24.3.16</p>
<p>RQIA Inspector Assessing Response</p>	<p><i>Naama</i></p>	<p>Date Approved</p>	<p>4.4.16</p>

Please ensure this document is completed in full and returned to RQIA's office

