



The **Regulation** and
Quality Improvement
Authority

New Row Dental Surgery
RQIA ID: 11617
39 New Row
Coleraine
BT52 1AE

Inspector: Stephen O'Connor
Inspection ID: IN21240

Tel: 028 7034 2848

**Announced Care Inspection
of
New Row Dental Surgery**

16 April 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 16 April 2015 from 09:55 to 11:45. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally 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 30 July 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	0	5

The details of the QIP within this report were discussed with the Mr Lockhart, registered provider, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Paul Lockhart	Registered Manager: Mr Paul Lockhart
Person in Charge of the Practice at the Time of Inspection: Mr Paul Lockhart	Date Manager Registered: 26 October 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Mr Lockhart, registered provider, an associate dentist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and two patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection dated 30 July 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 30 July 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13	Fabric covered chairs and the cork notice board should be removed from the clinical areas.	Met
	Action taken as confirmed during the inspection: Mr Lockhart confirmed that fabric chairs and cork notice boards were removed from clinical areas following the previous inspection. It was observed that the surgeries provided wooden chairs and that the cork notice boards had been removed from the surgeries.	
Recommendation 2 Ref: Standard 13	Logbooks for the washer disinfector and steam steriliser should be further developed. The relevant periodic tests, as outlined in HTM 01-05, should be undertaken and recorded in the machine logbooks, including a soil test for the washer disinfector if applicable.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with Mr Lockhart demonstrated that pre-printed logbooks are available for the washer disinfector and steam steriliser. The logbooks included details of all periodic tests as outlined in HTM 01-05.	

5.3 Medical and other emergencies

Is Care Safe?

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. Mr Lockhart confirmed that new staff are given a CD containing the practices policies and procedures and that they are orientated to the building. A record of staff induction is not maintained.

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 some emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. The format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that when the current format of Midazolam expires it should be replaced with Buccolam Pre-filled syringes as recommended by the HSCB. Following this inspection the letter issued to all general dental practitioners during May 2013 by the HSCB was forwarded to the practice via email.

Discussion with Mr Lockhart and observation demonstrated that an automated external defibrillator (AED) and oropharyngeal airways are not available in the practice.

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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the management of medical emergencies is safe.

Is Care Effective?

Protocols are available for staff reference; these outline the local procedure for dealing with the various medical emergencies with the exception of syncope. Mr Lockhart confirmed that a policy for the management of medical emergencies has not been developed.

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 procedures to be followed.

Staff confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with the staff involved in the management of this medical emergency demonstrated that it was managed in accordance with best practice guidance. The details of the medical emergency were recorded in the patient's notes; the inspector advised that it should also be recorded in the practice accident/incident book.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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

A policy for the management of medical emergencies should be established.

Oropharyngeal airways should be provided.

Advice and guidance should be sought for the medico-legal advisor in regards to the provision of an AED.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Recruitment and selection

Is Care Safe?

A recruitment policy and procedure has not been established, however discussion with Mr Lockhart demonstrated that he is aware of best practice guidance in this regard.

Two staff personnel files relating to staff that commenced work in the practice 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 prior to employment;
- two written references in respect of one staff member, and one written reference in respect of the second staff member;
- 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;
- no criminal conviction declarations on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

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.

Mr Lockhart 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.

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 recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed previously a recruitment policy has not been developed.

Two personnel files were reviewed. It was noted that each file included a contract of employment and job description.

As discussed previously Mr Lockhart confirmed that although an induction programme is in place, records in regards to the induction of new staff are not maintained.

Discussion with staff confirmed that they have been provided with a job description, contract of employment 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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements, with the exception of the development of a recruitment policy.

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.

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

Areas for Improvement

A recruitment policy and procedure should be established.

Records in relation to the recruitment and induction of staff should be retained.

Number of Requirements:	0	Number of Recommendations:	2
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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 an associate dentist and a dental nurse. 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 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.

One staff questionnaire included the following comment: "I believe we provide excellent care and service".

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 and discussion with Mr Lockhart demonstrated 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 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. The last patient satisfaction surveys were completed during April 2014; Mr Lockhart confirmed

that process for undertaking the 2015 annual patient satisfaction survey will commence before the end of this month and that a report detailing the main findings of the surveys will be generated.

6. Quality Improvement Plan

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

6.2 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. 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	
Recommendations	
Recommendation 1 Ref: Standard 12.1 Stated: First time To be Completed by: 16 May 2015	<p>It is recommended that a policy for the management of medical emergencies is established. The policy should include information on staff training, provision of emergency medicines and equipment, checking procedures for emergency medicines and equipment, incident documentation and staff debriefing. Further develop the protocols for dealing with medical emergencies to include syncope.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy in place</p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 16 May 2015	<p>It is recommended that oropharyngeal airways in the different sizes specified in the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation in primary dental care are provided in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Purchased</p>
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 16 May 2015	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Purchased</p>
Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 16 July 2015	<p>It is recommended that a recruitment policy and procedure is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • Advertising and application process; • Shortlisting, interview and selection process; • Issuing of job description and contracts of employment; • Employment checks including two written references, exploration of employment history including any gaps in employment; • Pre-employment checks including physical and mental health and AccessNI; and • Evidence of professional qualifications and GDC registration if applicable. • <p>Response by Registered Person(s) Detailing the Actions Taken: Policy in place</p>

Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 16 07 2015	It is recommended that the following issues in relation to recruitment and selection should be addressed: <ul style="list-style-type: none"> • Establish a system to ensure that a criminal conviction declaration has been made by applicants; • Ensure that all records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are included in staff personnel files; and • Ensure that a record of the induction of new staff is made. • 		
	Response by Registered Person(s) Detailing the Actions Taken: Established		
Registered Manager Completing QIP	Paul Lockhart	Date Completed	29/25/215
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	01/06/2015

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