



The **Regulation** and
Quality Improvement
Authority

Timberquay Dental Practice
RQIA ID: 11632
Unit 1-2 Timberquay
Strand Road
Derry
BT48 7NR

Inspector: Stephen O'Connor
Inspection ID: IN021252

Tel: 028 7136 8448

**Announced Care Inspection
of
Timberquay Dental Practice**

14 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 14 May 2015 from 09:50 to 12:20. 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

There were no requirements or recommendations made following the previous care inspection on 14 August 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	3

The details of the QIP within this report were discussed with the Mrs Heather Rutledge, registered manager, and Mrs Jemiamia Morgan, Oasis Dental Care clinical compliance support officer, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Responsible individual: Oasis Dental Care Group Mr Andrew Relf (registration pending)	Registered Manager: Mrs Heather Rutledge
Person in Charge of the Practice at the Time of Inspection: Mrs Heather Rutledge	Date Manager Registered: 23 March 2015
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

3. Inspection Focus

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 Heather Rutledge, registered manager, Mrs Jemiamia Morgan, Oasis Dental Care clinical compliance support officer, an associate dentist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, five 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 14 August 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 14 August 2014

As above.

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.

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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs Rutledge was advised that when the current format of Midazolam expires it should be replaced with Buccolam Pre-filled syringes as recommended by the HSCB. 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 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 some of medical emergencies as outlined in the BNF. Protocols in relation to the management of asthma, hypoglycaemia and syncope need to be 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 practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

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

Protocols for the management of asthma, hypoglycaemia and syncope should be developed.

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.

Five 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 prior to commencement of employment;
- written references are not retained in staff personnel files; Mrs Rutledge confirmed that all written references are retained in the head office in England;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register 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 has not been established.

Mrs Rutledge 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 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 references are retained in the head office.

Five 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 induction templates evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Rutledge 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.

Overall on the day of the inspection recruitment and selection procedures were 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.

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

Areas for Improvement

References should be retained in staff personnel files.

A staff register should be established.

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 Mrs Rutledge, registered manager, Mrs Morgan, Oasis Dental Care clinical compliance support officer, 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. Twelve 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. One submitted questionnaire indicated that the management of medical emergencies had not been included in their induction. However, discussion with Mrs Rutledge and review of induction templates demonstrated that the management of medical emergencies is covered during induction. 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire, review of documentation and discussion with Mrs Rutledge 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 April 2015 patient satisfaction report was observed to be on display in the waiting area.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Rutledge, registered manager and Mrs Morgan, clinical compliance support officer 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/s may enhance service, quality and delivery.

6.2 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 RQIA's office 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 persons 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 persons 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 Third time To be Completed by: 14 June 2015	It is recommended that protocols outlining the local procedure to be followed for dealing with asthma, hypoglycaemia and syncope should be established in keeping with best practice guidance. Once established these protocols should be shared with staff.		
	Response by Registered Person(s) Detailing the Actions Taken: Protocols outlining the local procedures for dealing with asthma, hypoglycaemia and syncope are now established and have been shared with staff		
Recommendation 2 Ref: Standard 11.1 Stated: First/Second/Third time To be Completed by: 14 June 2015	It is recommended that written references, one of which should be from the persons most recent employer are retained in staff personnel files.		
	Response by Registered Person(s) Detailing the Actions Taken: Written references are now being retained in the staff personnel file which is held in practice		
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 14 June 2015	It is recommended that a staff register 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 is established.		
	Response by Registered Person(s) Detailing the Actions Taken: A staff register has now been established containing the detailed information.		
Registered Manager Completing QIP	Heather Rutledge	Date Completed	01/06/15
Registered Person Approving QIP	Andy Relf	Date Approved	01/06/15
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	01/06/2015

**Please ensure the QIP is completed in full and returned to RQIA's office*

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 persons from their responsibility for maintaining compliance with minimum standards and regulations.