



The Regulation and
Quality Improvement
Authority

Ormeau Dental Care
RQIA ID: 11642
324-326 Ormeau Road
Belfast
BT7 2GE

Inspector: Carmel McKeegan
Inspection ID: IN023585

Tel: 028 9049 1367

**Announced Care Inspection
of
Ormeau Dental Care**

3 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 3 November 2015 from 10.30 to 12.00. 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) 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

No actions were required to be taken following the last care inspection on 3 February 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	1

The details of the QIP within this report were discussed with Mrs Heather Megahey, Registered Manager and Ms Emma Coyle, Clinical Manager 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 Megahey	Registered Manager: Mrs Heather Megahey
Person in Charge of the Practice at the Time of Inspection: Mr Paul Megahey	Date Manager Registered: 23 February 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 6

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 Megahey, Registered Manager, Ms Emma Coyle, Clinical Manager, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment and the procedure for obtaining and 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 3 February 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 3 February 2015

As above

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mrs Megahey and 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 Mrs Megahey 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). It was observed that the format of Buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that when the current form of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for a child and oropharyngeal airways in various sizes. RQIA was notified by email on 9 November 2015 that these items had been ordered.

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 Mrs Megahey and 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 found to be safe.

Is Care Effective?

Review of policy for the management of medical emergencies identified that further development was needed. A revised policy for the management of medical emergencies was received by RQIA on 11 November 2015 which was comprehensive and reflective of best practice guidance.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mrs Megahey 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 Mrs Megahey 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 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 Mrs Megahey and 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and Selection

Is Care Safe?

Review of the recruitment policy and procedure available in the practice identified that further development was needed. A revised recruitment and selection policy was received by RQIA on 3 November 2015 which was comprehensive and reflective of best practice guidance.

Four personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- 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

Staff files reviewed evidenced that an enhanced AccessNI check was received after employment had commenced for three members of staff. One staff member's AccessNI check had not been completed by the practice. Mrs Megahey and the clinical manager were advised that AccessNI checks are not portable. During discussions both Mrs Megahey and the clinical manager demonstrated that they were now fully aware that in future an AccessNI enhanced disclosure check must be undertaken and received by the practice for any staff member prior to commencement of employment. A requirement is made in this regard.

It was observed that of the four staff files reviewed, one staff member had one written reference. Discussion with Mrs Megahey confirmed that in previous years, verbal references had been obtained for each staff member; however more recently the practice has introduced the process of obtaining written references as is stated in the revised recruitment procedures.

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.

Mrs Megahey 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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation.

Four 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 four evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Megahey and staff 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.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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. The importance of obtaining enhanced AccessNI checks to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mrs Megahey and the clinical manager.

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

AccessNI checks undertaken by the practice must be received prior to any new staff commencing work in the practice and an AccessNI check must be undertaken for the identified staff member.

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	1	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 Mrs Heather Megahey, Registered Manager, Ms Emma Coyle, Clinical Manager, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Thirteen 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. 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Heather Megahey, Registered Manager and Ms Emma Coyle, Clinical Manager 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 persons 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

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.</p> <p>An enhanced AccessNI check must be undertaken for the identified staff member.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: All AccessNI have now been received for all current staff and no new members of Staff can start until this has been received.</p>	

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>It is recommended that new staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: All staff personell files have all relevent documentation as specified in Schedule 2 of The Independent Health Care Regulations (NI) 2005</p>	

Registered Manager Completing QIP	Heather Megahey	Date Completed	08/12/2015
Registered Person Approving QIP	Paul Megahey	Date Approved	08/12/2015
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	08/12/15

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address