

**Announced Care Inspection
of
Orthoplus Orthodontic Centre**

27 July 2015

1. Summary of Inspection

An announced care inspection took place on 27 July 2015 from 09:50 to 11:40. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate.

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 those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 14 May 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	1	0

The details of the QIP within this report were discussed with the Miss Sally Ann Todd, 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: Miss Sally Ann Todd	Registered Manager: Miss Sally Ann Todd
Person in Charge of the Practice at the Time of Inspection: Miss Sally Ann Todd	Date Manager Registered: 01 December 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 Miss Todd, registered person, a specialist orthodontist and a receptionist/dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 May 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 14 May 2014

As above.

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.2 Stated: First time	The plugs should be removed and overflows blanked off using a stainless steel plate in the hand washing sinks in the practice surgeries.	Met
	Action taken as confirmed during the inspection: It was observed that the plugs have been removed from hand washing basins in the surgeries. Miss Todd confirmed that a plumber has reviewed the hand washing basins and advised that due to a protrusion integral to the design of the basin in the middle of the overflow, the overflow cannot be blanked off. It is accepted that efforts have been made to address this recommendation; however, due to the design of the basins this has not been possible. It was suggested that a clinical hand washing basin is provided in the surgeries on the next refurbishment.	
Recommendation 2 Ref: Standard 13.4 Stated: First time	A logbook should be established for each steam steriliser to record fully periodic tests as outlined in HTM01-05.	Met
	Action taken as confirmed during the inspection: It was observed that pre-printed logbooks are available for the steam sterilisers. Review of the logbooks demonstrated that periodic tests are undertaken in keeping with 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.

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 provided is not the format recommended by the Health and Social Care Board (HSCB). Miss Todd was advised that when the current format of Midazolam expires it should be replaced with the format recommended by the HSCB. Miss Todd readily agreed to this. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Miss Todd confirmed that the oropharyngeal airways available had exceeded their expiry dates and that that practice was waiting on a supply of new airways to be delivered. Miss Todd confirmed in an email received on the 04 August 2015 that the practice took delivery of the new airways on the 31 July 2015. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Miss Todd confirmed that the practice has ordered an automated external defibrillator (AED) and that when it is received staff in the practice will be trained on its use. In the interim period the practice has timely access to an AED located in the dental surgery attached to the practice.

Discussion with Miss Todd 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?

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 the various medical emergencies.

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 Miss Todd 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 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
--------------------------------	----------	-----------------------------------	----------

5.4 Recruitment and Selection

Is Care Safe?

Review of documentation demonstrated that the practices had developed checklists and pro-forma's in relation to the different aspects of the recruitment process. However on the day of inspection an overarching recruitment policy had not been established. A recruitment policy reflective of best practice guidance was emailed to the inspector on the 04 August 2015.

One personnel file of a staff member recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check; however, this was after 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 on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

It was noted that the original AccessNI disclosure certificate was retained in the practice; this was discussed with Miss Todd as disclosure certificates should be handled in keeping with the AccessNI Code of Practice. Following the inspection a pro-forma to record the details of AccessNI checks undertaken was developed and this was emailed to the inspector on the 04 August 2015.

A staff register was established and emailed to the inspector on the 04 August 2015. The staff register contained staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. Miss Todd is aware that the staff register is a live document that should be updated when staff commence/finish work in the practice.

Miss Todd 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 recruitment and selection procedures are safe.

Is Care Effective?

As previously stated the dental service's recruitment and selection procedures need to be developed in regards to AccessNI checks. All recruitment checks were in place to ensure qualifications and registrations are bona fide.

One personnel file was reviewed. It was noted that the 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Miss Todd and staff demonstrated 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 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. As discussed, issues were identified regarding the timing of AccessNI checks and the handling of AccessNI checks.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed, an enhanced AccessNI check had not been received until after commencement of employment in respect of the identified staff member. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Miss Todd. Miss Todd confirmed that the identified staff member was completing her induction programme and did not commence clinical duties until after the check was received.

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. However, Access NI checks must be received prior to new staff commencing work in the practice.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to new staff commencing employment.

AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice.

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Miss Todd, registered person, a specialist orthodontist and a receptionist/dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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 no complaints have been received for the period 1 January 2014 to 31 March 2015.

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 issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Todd, 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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 27 July 2015	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.</p> <p>AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p>
	Response by Registered Person Detailing the Actions Taken: Updated paperwork completed and sent on 4 th August 2015

Registered Manager Completing QIP	Sally-Ann Todd	Date Completed	22/08/2015
Registered Person Approving QIP	Sally-Ann Todd	Date Approved	22/008/2015
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	17/09/2015

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