



The **Regulation** and
Quality Improvement
Authority

Quayside Dental & Implant Centre
RQIA ID: 11662
87 Strand Road
Londonderry
BT48 7NW

Inspector: Stephen O'Connor
Inspection ID: IN022375

Tel: 028 7126 6000

Announced Care Inspection
of
Quayside Dental & Implant Centre

6 August 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 06 August 2015 from 09:50 to 12:15. The inspection was facilitated by Mrs Pamela Devine, practice manager. Mr Peter Hughes, registered person, was available for feedback at the conclusion of the inspection. 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) 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 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 26 June 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	2	3

The details of the QIP within this report were discussed with Mr Peter Hughes, 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: Mr Peter Hughes	Registered Manager: Mr Peter Hughes
Person in Charge of the Practice at the Time of Inspection: Mr Peter Hughes	Date Registered: 16 January 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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 Peter Hughes, registered person, Mrs Pamela Devine, practice manager, an associate dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and three 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 26 June 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 26 June 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The following issues in relation to dedicated hand washing basins should be addressed: <ul style="list-style-type: none"> • plugs should be removed; and • overflows should be blanked off using a stainless steel plate and sealed with antibacterial mastic. 	Met
	Action taken as confirmed during the inspection: It was observed that the overflows in surgery one and two have been blanked off.	

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). It was observed that the format of Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mrs Devine was advised that when the Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. In general emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. However, there was no portable suction, clear face masks suitable for children or oropharyngeal airways available. 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 it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are safe.

Is Care Effective?

An overarching policy for the management of medical emergencies reflecting best practice guidance has not been established. Protocols were 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 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, however, a policy should be developed to reflect current best practice guidance.

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

A policy for the management of medical emergencies should be developed to reflect current best practice guidance.

Portable suction, clear face masks suitable for children and oropharyngeal airways in a variety of sizes as recommended by the Resuscitation Council (UK) should be provided.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available in the practice. The policy was comprehensive reflecting best practice guidance.

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

- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Personnel files reviewed did not contain positive proof of identity or a criminal conviction declaration. This was discussed with Mrs Devine who readily agreed that positive proof of identity and criminal conviction declarations by applicants would be obtained in the future.

The arrangements for AccessNI checks were reviewed. In one file reviewed it was identified that an enhanced AccessNI check was received prior to the staff member commencing work. However, in two files reviewed it was identified that a basic AccessNI check was received after the staff members commenced work. It was also observed that a photocopy of the original AccessNI check was retained in each file reviewed. The storage of disclosure information is not in keeping with the AccessNI code of practice.

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 was established during the inspection. Mrs Devine is aware that this is a live document and should be kept up-to-date.

Mrs Devine 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 discussed above further development is needed in relation to AccessNI procedures and staff personnel files to ensure that recruitment and selection procedures comply with all relevant legislation.

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

Induction programme templates are in place relevant to specific roles within the practice. A sample of three evidenced that induction programmes are completed when new staff join the practice.

Mrs Devine confirmed that staff employed by the practice have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice. However, discussion with Mr Hughes demonstrated that self-employed dental professionals who work in the practice do not have a contract/agreement. Mr Hughes confirmed that an external consultant has been appointed to develop contracts/agreements for self-employed staff and this was confirmed by an associate dentist spoken with.

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 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. As previously stated, review of three staff personnel files demonstrated an enhanced AccessNI check had been received prior to commencing work in respect of one staff member. However, in respect of two staff members a basic AccessNI check was received after they started work. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Hughes.

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 they are knowledgeable about the core values of privacy, dignity, respect and patient choice.

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

Areas for Improvement

An enhanced AccessNI check must be undertaken and received in respect of the identified staff members. AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. AccessNI certificates must be handled in keeping with the AccessNI code of practice.

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

All staff who work in the practice must be provided with a contract of employment/agreement.

Number of Requirements:	2	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 Peter Hughes, registered person, Mrs Pamela Devine, practice manager, an associate dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Ten were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that in the main staff were provided with a job description and contract of employment on commencing work in the practice. Three respondents indicated that they did not have a contract of employment. This was discussed with Mr Hughes and as previously discussed a recommendation was made in this regard. 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, discussion with Mrs Devine and review of documentation 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 is available in the main waiting area.

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 Mr Peter Hughes, 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 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 may enhance service, quality and delivery.

6.3 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/manager 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/manager 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: 06 September 2015</p>	<p>The registered person must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken and received in respect of the identified staff members; • enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and • AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice. • <p>Response by Registered Person Detailing the Actions Taken: <i>Incorporated in Recruitment Policy to be followed for any new employees</i></p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 06 August 2015</p>	<p>The registered person must ensure that the following information is retained in the personnel files of any newly recruited staff, including self-employed staff:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to commencement of employment; • details of full employment history, including an explanation of any gaps in employment; and • criminal conviction declaration on application. • <p>Response by Registered Person Detailing the Actions Taken: <i>Incorporated in Recruitment Policy</i></p>
<h3>Recommendations</h3>	
<p>Recommendation 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 06 September 2015</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed. The policy should include the following information:</p> <ul style="list-style-type: none"> • arrangements for staff training; • list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • how to summons help in an emergency; • the procedure for documenting medical emergencies; and • the procedure to be followed in regards to staff debriefing following a medical emergency. • <p>Response by Registered Person Detailing the Actions Taken: <i>Extensive medical emergency policy completed since inspection</i></p>

Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 06 September 2015	It is recommended that portable suction, clear face masks suitable for use with children and oropharyngeal airways in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.	Response by Registered Person Detailing the Actions Taken: <i>Above equipment ordered.</i>	
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 06 September 2015	It is recommended that all staff who work in the practice, including self-employed staff are provided with a contract of employment /agreement.	Response by Registered Person Detailing the Actions Taken: <i>contracts being addressed.</i>	
Registered Manager Completing QIP	PAMELA DEVINE <i>P Devine</i>	Date Completed	3/9/15
Registered Person Approving QIP	PETER HUGHES <i>Peter Hughes</i>	Date Approved	3/9/15
RQIA Inspector Assessing Response		Date Approved	

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



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RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	17/09/2015
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