

**Announced Care Inspection
of
Quigley and Martin**

23 April 2015

1. Summary of Inspection

An announced care inspection took place on 23 April 2015 from 09:55 to 11:40. 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 31 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	3

The details of the QIP within this report were discussed with the Mr David Martin, registered provider and Mrs Anne Barkley, registered 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 David Martin	Registered Manager: Mrs Anne Barkley
Person in Charge of the Practice at the Time of Inspection: Mr David Martin	Date Manager Registered: 15 March 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 two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 31 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 31 July 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13	Review the use of wood chip wallpaper in clinical and decontamination areas. Finished wall surfaces should be impervious and easily cleaned, in keeping with best practice guidance as outlined in HTM 01-05.	Met
	Action taken as confirmed during the inspection: The wood chip wallpaper has been removed from the decontamination room. It was observed that the walls in the decontamination room are impervious and that they can be easily cleaned. Mr Martin confirmed that wallpaper has not been used in any of the dental surgeries.	

Recommendation 1 Ref: Standard 13	Overflows in all dedicated hand washing basins should be blanked off using a stainless steel plate and sealing them with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: Mr Martin confirmed that overflows in all dedicated hand washing basins have been blanked off. It was observed that the overflows in the hand washing basins in the decontamination room and one of the four dental surgeries had been blanked off as recommended.	

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). 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. 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 for staff reference outlining the local procedure for dealing with the various medical emergencies have not been established.

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 within the practice 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 outlining the local procedure for managing medical emergencies should be established.

Number of Requirements	0	Number Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available in the practice. A minor amendment was made to the policy during the inspection. The policy was comprehensive reflecting best practice guidance.

Two staff personnel files relating to staff that commenced work in the practice since registration with RQIA were reviewed. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that enhanced AccessNI checks were received after the date the identified staff commenced work in the practice. During discussion Mr Marin and Mrs Barkley confirmed that they are aware checks should be received prior to new staff commencing work in the practice;

- no written references were retained in respect of the two staff members; Mrs Barkley confirmed that both of the staff had been previous employees of the practice and therefore they did not seek 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 in respect of one of the staff members and no criminal conviction declaration in respect of the second staff member;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Mrs Barkley confirmed 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 has not been established.

Mr Martin and Mrs Barkley 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?

In the main the dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two 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 two staff personnel files evidenced that induction programmes are completed when new staff commence work in the practice.

Mrs Barkley confirmed that staff 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 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

Recruitment and selection procedures should be further developed.

A staff register should be established.

Number of Requirements	0	Number 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 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 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.

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 indicated that no complaints have been made between the 1 January 2014 and the 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 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr David Martin, and Mrs Anne Barkley 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 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			
Recommendations			
Recommendation 1 Ref: Standard 12.1 Stated: First time To be Completed by: 23 June 2015	It is recommended that protocols outlining the local procedure for dealing with the various medical emergencies as specified in the BNF should be established.		
	Response by Registered Person(s) Detailing the Actions Taken: These have been established and in the Policy and Procedures		
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 23 June 2015	It is recommended that recruitment and selection procedures should be further developed to ensure the following are obtained and details retained in staff personnel files on recruitment of new staff: <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check is undertaken and received prior to commencing work in the practice; • two written references, one of which should be from the current/most recent employer; and • criminal conviction declarations on application. 		
	Response by Registered Person(s) Detailing the Actions Taken: Access NI check is undertaken prior to commencement of employment References (character and previous employer) received prior to employment Criminal conviction declarations on Application Form		
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 23 June 2015	It is recommended that a staff register should be developed and retained containing details of all staff including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.		
	Response by Registered Person(s) Detailing the Actions Taken: Staff Register in place		
Registered Manager Completing QIP		Anne Barkley	Date Completed 9/6/2015
Registered Person Approving QIP		David Martin	Date Approved 9/6/2015
RQIA Inspector Assessing Response		Stephen O'Connor	Date Approved 09/06/2015

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