

**Announced Care Inspection
of
R A Smith Dental Practice**

8 January 2016

1. Summary of Inspection

An announced care inspection took place on 08 January 2016 from 10.00 to 13.40. On the day of the inspection it was found that improvements in the management of medical emergencies and recruitment and selection are necessary in order for care to be safe, effective and compassionate. One outstanding issue from the previous inspection also needs to be addressed. 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 18 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	3	6

The details of the QIP within this report were discussed with Mr Smith, 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 Alan Smith	Registered Manager: Mr Alan Smith
Person in Charge of the Practice at the Time of Inspection: Mr Alan Smith	Date Manager Registered: 11 June 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the complaints declaration was submitted and analysed. Staffing information and a patient consultation report had not been submitted prior to the inspection. However, staffing information and the process in place for consultation with patients was discussed on the day of the inspection.

During the inspection the inspector met with Mr Smith, Registered Person, one dental nurse and one receptionist/cleaner.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, one job description, one contract of employment and the arrangements to review 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 18 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 18 February 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 11.2 Stated: First time	The registered provider/manager should ensure that copies of the immunisation status of all clinical staff is obtained and retained within the practice for inspection.	Not Met
	Action taken as confirmed during the inspection: Mr Smith confirmed during discussion that copies of immunisation status for clinical staff had not been obtained.	
	This recommendation has not been met and has been stated for the second time.	

Recommendation 2 Ref: Standard 13.1 Stated: First time	<p>The registered provider/manager should seal the edge of the identified worktop in the surgery and seal the edges of the flooring in all clinical areas.</p> <p>Action taken as confirmed during the inspection: It was observed that the identified worktop and the edges of the flooring have been sealed.</p> <p>This recommendation has been met.</p>	Met
Recommendation 3 Ref: Standard 13.1 Stated: Second time	<p>The registered provider/manager should ensure that the flooring is appropriately sealed in the decontamination room.</p> <p>Action taken as confirmed during the inspection: It was observed that the flooring in the decontamination room had been appropriately sealed.</p> <p>This recommendation has been met.</p>	
Recommendation 4 Ref: Standard 13.2 Stated: Second time	<p>The registered provider/manager should ensure that all infection prevention and control policies reflect the current procedures within the practice.</p> <p>Action taken as confirmed during the inspection: A review of the infection prevention and control policies, available on the day of the inspection, and discussion with the dental nurse confirmed that this recommendation has been met.</p>	Met

5.3 Medical and other emergencies

Is Care Safe?

A review of the training records and discussion with Mr Smith confirmed that not all staff had attended training in cardio pulmonary resuscitation (CPR) and the management of medical emergencies on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. The review of the records and discussion identified that two staff required update training and one staff member required to be trained. The two staff who had attended training previously were knowledgeable regarding the location of medical emergency medicines and equipment. However, the staff member who had not received training previously lacked knowledge in relation to the location of emergency medicines and equipment, the management of medical emergencies and the delivery of CPR. The importance of staff attending training and receiving regular updates in the management of a medical emergency including CPR was discussed with Mr Smith. A requirement has been made.

A review of medical emergency arrangements evidenced that not all emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that buccal Midazolam was not available. This was discussed with Mr Smith who agreed to order the medication. RQIA received confirmation via electronic mail on 15 January 2016 that Buccolam had been obtained.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was in general retained in the practice however the equipment was not easy to locate and not all staff were aware of where the equipment was stored. This was discussed with Mr Smith and the dental nurse who readily agreed to review the storage arrangements. Two oropharyngeal airways were observed in the practice and it was identified that the automated external defibrillator (AED) pads had expired. Mr Smith confirmed that additional airways were available however they could not be located during the inspection. Mr Smith readily agreed to replace the expired pads for the AED and to ensure that the oropharyngeal airways were provided as recommended. A recommendation has been made.

A system to ensure that emergency medicines and equipment do not exceed their expiry date had not been developed. This was discussed with Mr Smith and the dental nurse who readily agreed to develop a system. RQIA received confirmation via electronic mail on 13 January 2016 that a system had been developed. This includes an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Smith and the dental nurse 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 further development is needed to ensure that the arrangements for managing a medical emergency are safe

Is Care Effective?

The policy for the management of medical emergencies was in place however, the policy needed further development to reflect best practice guidance. RQIA received a revised policy and other information via electronic email on 13 January 2016 however the revised policy did not include; the local arrangements for staff training, provision of equipment, checking procedures for emergency medicines and equipment, how to summon help, the procedure for documenting medical emergencies, and the procedure to be followed in regards to staff debriefing following a medical emergency. A recommendation has been made.

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

As outlined previously staff training, including update training, in relation to the actions to be taken in the event of a medical emergency is required.

Discussion with Mr Smith and the dental nurse confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that further development 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 Mr Smith and the dental nurse 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

All staff must be trained in CPR and the management of medical emergencies on an annual basis.

Oropharyngeal airways should be provided and the expired automated external defibrillator (AED) pads replaced.

The policy for the management of medical emergencies needs further development in line with best practice.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

There was no recruitment policy and procedure available on the day of the inspection. However, a policy and procedure was sent to RQIA via electronic mail on 13 January 2016. It was noted that the policy had not been dated when implemented and a review date had not been recorded. The name of the practice and the person responsible for recruitment had not been recorded. A recommendation has been made.

The personnel file of one member of staff recruited since registration with RQIA was examined.

The file did not contain any of the following:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- two written references
- details of full employment history, including an explanation of any gaps in employment
- criminal conviction declaration on application and
- confirmation that the person is physically and mentally fit to fulfil their duties

Mr Smith was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A requirement has been made. RQIA received confirmation via electronic mail on 15 January 2016 that positive proof of identity had been obtained for the relevant member of staff.

The arrangements for enhanced AccessNI checks were reviewed. An enhanced AccessNI check had not been undertaken in respect of the staff member recruited since registration with RQIA. This was discussed with Mr Smith who readily agreed to ensure that an enhanced AccessNI check is undertaken for the identified member of staff. A requirement has been made.

Discussion with Mr Smith and a review of staff contracts confirmed that the practice employs one dental nurse and a receptionist/cleaner. However, RQIA received a staff register via electronic mail on 11 January 2016 which identified a staff member working in the capacity of a trainee dental nurse/cleaner. This discrepancy was discussed with Mr Smith during a telephone call on 11 January 2016. Mr Smith clarified the identified member of staff's job role and agreed to amend the staff register to reflect this.

Mr Smith confirmed that a system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. However, the indemnity cover was not available to review. RQIA received a copy of the professional indemnity cover via electronic mail on 15 January 2016.

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 recruitment and selection procedure needs to be further developed to comply with relevant legislation and include checking procedures to ensure qualifications, registrations and references are bona fide.

One personnel file was reviewed. It was noted that the file included a contract of employment and job description.

Discussion with Mr Smith 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. However, records of inductions had not been retained. A recommendation has been made.

Discussion with the dental nurse confirmed that she is aware of her role 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 safe.

Is Care Compassionate?

Recruitment and selection procedures need further development in line with legislative requirements.

As previously discussed, an enhanced AccessNI check had not been undertaken in respect of the staff member recruited since registration with RQIA. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Smith.

Discussion with Mr Smith and the dental nurse demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Smith and the dental nurse demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection it was identified that improvements are required to ensure that recruitment procedures are compassionate.

Areas for Improvement

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

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The recruitment policy needs to be developed to include the name of the practice, the name of the person responsible for recruitment, the date of implementation and the date of review.

A record of inductions should be retained in staff personnel files.

Number of Requirements:	2	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 Mr Smith, one dental nurse and one receptionist/cleaner. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with the dental nurse and receptionist/cleaner evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. The dental nurse confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. However, as discussed previously, completed induction programmes were not available to review.

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 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. Mr Smith completed this questionnaire to confirm that the practice does not have a system in place for consultation with patients. However, discussion with Mr Smith confirmed that his staff regularly consult with patients verbally regarding the quality of treatment and other services provided and patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. A recommendation has been made.

Areas for Improvement

A patient satisfaction questionnaire needs to be developed to include the quality of treatment and other services provided.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Smith, 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 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	
Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 08 February 2016	<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:</p> <p><i>Access NI No 2000187857</i> <i>Mrs Beata Lisek</i> <i>date 14/4/16</i></p>
Requirement 2 Ref: Regulation 18 (2) (a) Stated: First time To be Completed by: 08 March 2016	<p>The registered person must ensure that all staff are trained in cardio pulmonary resuscitation (CPR) and the management of medical emergencies on an annual basis in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Survival-Linx (CPR) training 15/4/16</i></p>
Requirement 3 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 08 February 2016	<p>The registered person must ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information 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:</p> <p><i>Photo = Proof of Identity.</i> <i>Immunisations, Occupational Health 18/5/16</i> <i>1 previous employer only {Request for reference.}</i> <i>{to date not returned}</i> <i>Completed Pre-employment health questionnaire</i> <i>Contract of employment.</i></p>

Recommendations	
Recommendation 1 Ref: Standard 11.2 Stated: Second time To be Completed by: 08 February 2016	<p>The registered provider/manager should ensure that copies of the immunisation status of all clinical staff is obtained and retained within the practice for inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Reports in file - Kept in file for all persons Mr R-A Smith Mrs Maryna Keliowska Mrs Beata Lisak.</i></p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 08 February 2016	<p>It is recommended that oropharyngeal airways are provided and the expired automated external defibrillator (AED) pads replaced.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Email confirmation</i> </p>
Recommendation 3 Ref: Standard 12.1 Stated: First time To be Completed by: 08 April 2016	<p>It is recommended that the policy for the management of medical emergencies includes the following information:</p> <ul style="list-style-type: none"> • arrangements for staff training • the provision of equipment • the checking procedures for emergency medicines and equipment • the procedure to summon help • 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(s) Detailing the Actions Taken:</p> <p><i>All items as indicated above have been undertaken</i></p>

Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 08 April 2016	It is recommended that the recruitment policy is developed in line with legislative and best practice guidance to include the following: <ul style="list-style-type: none"> • the name of the practice • the name of the person responsible for recruitment • the date of implementation • the date of review Response by Registered Person(s) Detailing the Actions Taken: <i>Policy in operation Sent by E-mail Feb 16</i>		
Recommendation 5 Ref: Standard 11.3 Stated: First time To be Completed by: 08 February 2016	It is recommended that a record of induction is completed and retained in staff personnel files. Response by Registered Person(s) Detailing the Actions Taken: <i>E mail sent Feb 16 indicating compliance with schedule 2</i>		
Recommendation 6 Ref: Standard 9 Stated: First time To be Completed by: 08 April 2016	It is recommended that a patient satisfaction survey is developed to include the quality of treatment and other services provided. A summary report should be collated and made available to patients. Response by Registered Person(s) Detailing the Actions Taken: <i>A questionnaire has been formulated and is available for Patient response and I can corroborate that the results on collation are available to Patients if requested</i>		
Registered Manager Completing QIP	<i>RHWA</i>	Date Completed	<i>23.6.16</i>
Registered Person Approving QIP	<i>Lo A</i>	Date Approved	
RQIA Inspector Assessing Response	<i>Lo A</i>	Date Approved	<i>29/6/16</i>

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