



The Regulation and
Quality Improvement
Authority

Richhill Dental Care
RQIA ID: 11672
27a Main Street
Richhill
BT61 9PJ

Inspector: Emily Campbell
Inspection ID: IN023641

Tel: 028 3887 0884

**Announced Care Inspection
of
Richhill Dental Care**

07 January 2016

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 7 January 2016 from 9.50 to 11.20. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was generally found to be safe, effective and compassionate. An area for improvement was identified and is 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 8 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	0	1

The details of the QIP within this report were discussed with Ms Sharon Parks, 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: Ms Sharon Parks	Registered Manager: Ms Sharon Parks
Person in Charge of the Practice at the Time of Inspection: Ms Sharon Parks	Date Manager Registered: 25 April 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

Richhill Dental Care has three dental chairs; however, the practice is registered with RQIA for two dental chairs which are used for both private and NHS dental care. The third chair is not currently in use and Ms Parks is aware that if the third chair is to be made operational and used for the provision of private dental care, an application of variation should be submitted to RQIA to increase the number of registered chairs.

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 Ms Sharon Parks, registered person, an associate dentist, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment and arrangements for the review of 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 08 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 08 May 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The following issues in regards to clinical areas must be addressed: <ul style="list-style-type: none"> • flooring must be sealed at the edges where it meets the walls and kicker boards of cabinetry; and 	Met

	<ul style="list-style-type: none"> notice boards should be impervious and easily cleaned. 	
	<p>Action taken as confirmed during the inspection: Observations made during the inspection evidenced that this recommendation has been addressed.</p>	

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 Ms Parks 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 noted that the Glucagon medication was not stored in a fridge and that a revised expiry date of 18 months from the date of receipt had not been recorded on the medication packaging to reflect this. Ms Parks confirmed by email on 11 January 2016 that she had ascertained the date the medication had been received in the practice and had calculated the revised expiry date.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice, with the exception of an automated external defibrillator (AED) and a self-inflating bag with reservoir suitable for use with a child. Ms Parks advised that an AED had been ordered and she confirmed by email on 11 January 2016 that the AED had been delivered and a self-inflating bag with reservoir suitable for use with a child 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 Ms Parks 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 Ms Parks 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 Ms Parks 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 Ms Parks 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?

There was a recruitment policy and procedure available. In general, the policy was comprehensive and reflected best practice guidance. A recommendation was made that the policy should be further developed to include that a full employment history should be provided, including dates of employment and reasons for any gaps in employment and the arrangements for the issuing of contracts of employment/agreement.

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

- 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
- 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

A criminal conviction declaration was observed in one file only. Ms Parks explained that since the recruitment of this staff member, arrangements had been established to obtain a criminal conviction declaration as part of the recruitment process. This was evidenced in the second file reviewed.

A staff register was retained containing staff details including, name, date of birth, position; dates of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. An amendment was made to the staff register during the inspection to facilitate entry of the date of leaving. Ms Parks is aware that this is a live document which should be kept updated.

Review of records evidenced that appropriate professional indemnity cover was in place for Ms Parks and dental nursing staff. However, there was no evidence available regarding the professional indemnity of the associate dentist. Ms Parks provided a copy of the associate dentist's professional indemnity cover on 11 January 2016 and confirmed she had established a system to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.

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

Is Care Effective?

The dental service's recruitment and selection procedures generally comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed a minor amendment is needed in respect of the recruitment policy.

Two 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with staff confirmed that they 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 generally 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 Ms Parks and 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 Ms Parks and 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

The recruitment policy should be further developed to include details of employment history and issuing of contracts of employment/agreement.

Number of Requirements:	0	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 Ms Sharon Parks, registered person, an associate dentist, a dental nurse and a receptionist. 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 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 Ms Parks, 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(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

Recommendations			
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 7 April 2016	The recruitment policy should be further developed to include: <ul style="list-style-type: none"> • a full employment history should be provided, including dates of employment and reasons for any gaps in employment and • the arrangements for the issuing of contracts of employment/agreement. 		
	Response by Registered Person(s) Detailing the Actions Taken: The recruitment policy has been amended to include arrangements for contract issue and the recording of full employment history.		
Registered Manager Completing QIP	S.Parks	Date Completed	1/2/16
Registered Person Approving QIP	S.Parks	Date Approved	1/2/16
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	19.2.16

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