



The Regulation and
Quality Improvement
Authority

Smiles Dentalcare
RQIA ID: 11675
14 Ballymoney Road
Ballymena
BT43 5BY

Inspector: Norma Munn
InspectionID:IN022373

Tel: 02825 655060

**Announced Care Inspection
Of
Smiles Dentalcare**

3 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 3 August 2015 from 10.00 to 12.40. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be 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.

The practice has changed the name of Smiles Dental Care to Smiles Dentalcare.

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 02 May 2014 and 22 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	3

The details of the QIP within this report were discussed with Mrs Grainne Miskelly, practice manager and Miss Sarah Rusk, human resource manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Miss Rita McCollam Mrs Fiona Doherty Mr Neil Tweedie	Registered Manager: Miss Rita McCollam
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Person in Charge of the Practice at the Time of Inspection: Mrs Fiona Doherty	Date Manager Registered: 16 July 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 Mrs Fiona Doherty, registered person, Mrs Grainne Miskelly, practice manager, Miss Sarah Rusk, human resource manager and 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 two 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 02 May 2014 and 22 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 02 May 2014 and 22 May 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: first time	Review the position of the washer disinfecter to ensure that a dirty to clean flow as outlined in best practice guidance is maintained at all times.	Met
	Action taken as confirmed during the inspection: It was observed that the washer disinfecter had been relocated as outlined in best practice.	
Recommendation 2 Ref: Standard 13 Stated: first time	In the interests of infection prevention and control and to aid effective cleaning a blood spillage kit should be provided.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that a spillage kit had been provided.	
Recommendation 3 Ref: Standard 13 Stated: first time	In keeping with best practice guidance sharps containers suitable for pharmaceutical waste should be provided.	Met
	Action taken as confirmed during the inspection: Observation in one surgery and discussion with staff confirmed that containers for pharmaceutical waste have been provided.	
Recommendation 4 Ref: Standard 13 Stated: first time	In keeping with best practice guidance all overflows in 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: Observation in one surgery and discussion with staff confirmed that all overflows in hand washing basins had 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.

Observation and discussion with Mrs Doherty, Mrs Miskelly 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), and in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs Miskelly was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. Portable suction was not available as recommended by the Resuscitation Council (UK).

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 Mrs Doherty, Mrs Miskelly 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 generally 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 Mrs Doherty, Mrs Miskelly 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 Mrs Doherty and Mrs Miskelly confirmed that there has been one medical emergency in the practice since the previous inspection. Mrs Miskelly and staff demonstrated that this had been managed effectively, efficiently and compassionately.

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 with Mrs Doherty, Mrs Miskelly 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

Portable suction should be provided as recommended by the Resuscitation Council (UK) guidelines.

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

Is Care Safe?

There was a recruitment policy and procedure available. However, the policy needs to be developed to reflect legislative and best practice guidance.

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

- positive proof of identity, including a recent photograph;
- 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.

In the two files reviewed there was no evidence to show that two written references had been obtained or that a criminal conviction declaration had been made by the applicants. This was discussed with Miss Rusk, human resource manager, who readily agreed that these would be obtained in the future.

The arrangements for enhanced AccessNI checks were reviewed. In the two files reviewed it was evident that enhanced AccessNI checks were in place. However, the checks had been received after the staff members commenced work. Miss Rusk confirmed that the practice have subsequently put a system in place to ensure that Access NI checks are in place prior to new staff commencing work.

A staff register was developed during the inspection containing 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 Rusk is aware that this is a live document that should be kept up to date.

Miss Rusk 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 that recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they 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/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. Discussion with two staff confirmed that an induction had taken place when they commenced employment. However, induction records were not evidenced in the files reviewed. Miss Rusk has made arrangements for this to be included in respect of any new staff recruited.

Discussion with Miss Rusk confirmed 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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Recruitment and selection procedures, including obtaining an enhanced Access NI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, review of two personnel files demonstrated that enhanced Access NI checks had not been received prior to the commencement of employment. The importance of obtaining enhanced Access NI checks prior to commencement of employment was discussed with Mrs Miskelly and Miss Rusk.

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 it was found that recruitment and selection procedures are compassionate.

Areas for Improvement

The recruitment policy needs to be developed to reflect legislative and best practice guidance.

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

Two written references, one of which should be from the current/most recent employer and a criminal convictions declaration should be obtained prior to new staff commencing employment and retained in staff personnel files.

Number of Requirements:	1	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 Mrs Fiona Doherty, registered person, Mrs Grainne Miskelly, practice manager, Miss Sarah Rusk, human resource manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Fifteen questionnaires 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 and discussion with Mrs Miskelly 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 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.

5.5.4 Registration Status

The practice was initially registered with RQIA on 16 July 2012 under the name of Smiles Dental Care. During the inspection Mrs Miskelly advised that the title of the practice should be Smiles Dentalcare and written confirmation was provided to RQIA in respect of this. This information was provided to the registration team in RQIA, who will issue a new certificate of registration in due course.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Grainne Miskelly, practice manager and Miss Sarah Rusk, human resources manager as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons/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 persons/registered manager and detail the actions taken to meet the legislative requirements stated.

The registered persons 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 persons 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 persons 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: 3 August 2015	<p>The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing employment in the future.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Practice policy established now where all Access NI checks are completed before employment commences</p>
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 3 September 2015	<p>It is recommended that portable suction should be provided as recommended by the Resuscitation Council (UK) guidelines.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Portable suction has been ordered, awaiting arrival</p>
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 3 November 2015	<p>It is recommended that the recruitment policy is further developed. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • advertising and application process; • shortlisting, interview and selection process; • issuing of job description and contracts/agreements; • employment checks including two written references; • exploration of employment history including any gaps in employment; • pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties; • arrangements for obtaining an enhanced AccessNI check; and • evidence of professional qualifications and GDC registration if applicable. <p>Response by Registered Person(s) Detailing the Actions Taken: Recruitment policies have been amended to include recommended policies and procedures as detailed above</p>

Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 03 August 2015	It is recommended that two written references, one of which should be from the current/most recent employer, and a criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.
	Response by Registered Person(s) Detailing the Actions Taken: 2 written references are now sought as is criminal conviction declaration prior to employment of a staff member. These will be retained in staff file according to regs

Registered Manager Completing QIP	Rita McCollam	Date Completed	26/8/2015
Registered Person Approving QIP	Rita Mccollam	Date Approved	26/8/2015
RQIA Inspector Assessing Response	Norma Munn	Date Approved	26/08/2015

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