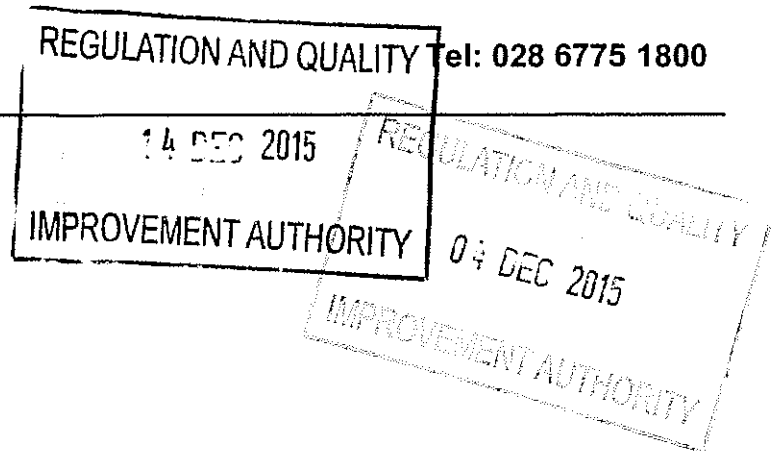


The Regulation and
Quality Improvement
Authority

Stephen Forster Dental Surgery
RQIA ID: 11681
1 Church Street
Rosslea
BT92 7DD

Inspector: Emily Campbell
Inspection ID: IN022936



Tel: 028 6775 1800

**Announced Care Inspection
of
Stephen Forster Dental Surgery**

15 October 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 15 October 2015 from 9.50 to 10.55. 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 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 9 October 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 Mr Stephen Forster, 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 Stephen Forster	Registered Manager: Mr Stephen Forster
Person in Charge of the Practice at the Time of Inspection: Mr Stephen Forster	Date Manager Registered: 04 July 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1

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 Forster, registered person, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and three 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 9 October 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 09 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>Ensure the system for reviewing the quality of treatment and other services provided to patients in or for the purposes of the establishment is undertaken at least on an annual basis.</p> <p>On completion of the consultation a report of the findings must be produced and made available to patients.</p> <p>Action taken as confirmed during the inspection: Mr Forster confirmed that arrangements have been established to carry out annual patient satisfaction surveys and for the results to be made available to patients. The summary of the most recent survey was submitted to RQIA prior to the inspection.</p>	<p>Met</p>
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Ensure that the sharps containers provided for general sharps waste are in keeping with PEL (13)14 issued by the Department of Health on 18 October 2013.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that the appropriate sharps containers are in use.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>To aid effective cleaning, the torn dental chair should be reupholstered.</p> <p>Action taken as confirmed during the inspection: Observations made evidenced that the dental chair had been refurbished and no tears were evident.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 13 Stated: First time	The overflow on the stainless steel hand washing basin in the dental surgery must be blanked off using a stainless steel plate sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that the overflow of the hand washing basin in the surgery had been effectively blanked off.	
Recommendation 4 Ref: Standard 13 Stated: First time	The steam steriliser logbook must be further developed to include: <ul style="list-style-type: none"> • the details of the daily automatic control test; and • a record of the weekly safety checks. 	Met
	Action taken as confirmed during the inspection: Review of the steriliser logbook evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. The practice has a back-up steriliser which has not been used in the past two years. Mr Forster and the dental nurse are aware that if it is made operational a separate logbook should be established to record the periodic tests. Mr Forster confirmed the back-up steriliser has been validated.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Forster and 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 Mr Forster 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of oropharyngeal airways and a self-inflating bag with reservoir suitable for use with a child. The practice does not have an automated external defibrillator (AED), however, they have timely access to a community AED. In addition a 'community first responder' service is in operation in the area which provides a rapid response in the event of a cardiac arrest.

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 Mr Forster 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 it was identified that further development is needed to ensure that the arrangements for managing a medical emergency are safe.

Is Care Effective?

The practice did not have an overarching policy for the management of medical emergencies. However, this was emailed to RQIA on the day following the inspection. The policy reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Forster 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. As indicated previously, additional emergency equipment should be provided.

Discussion with Mr Forster and staff confirmed that there have been no patient medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were generally 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 Mr Forster 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

Oropharyngeal airways sizes 0 – 4 and a self-inflating bag with reservoir suitable for use with a child should be provided.

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. Mr Forster was advised of further information which should be included in the policy to ensure it is comprehensive and reflective of best practice guidance. Mr Forster confirmed he will further develop the policy prior to recruiting any new staff.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Forster confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check is 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;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register was not retained 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.

Review of records evidenced that GDC registration is in place for Mr Forster and directly employed clinical staff; and appropriate professional indemnity cover is in place in respect of Mr Forster. However, there was no record available to evidence this in respect of the self-employed registered dental care professional working in the practice.

On the day of the inspection, it was identified that further development is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed Mr Forster will review recruitment and selection procedures prior to new staff commencing work in the practice to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Staff spoken with confirmed that they had been issued with job descriptions and contracts of employment and had received induction training when they commenced work in the practice. Contracts of employment were available for review.

Induction programme templates are in place and Mr Forster advised that these will be further developed prior to new staff commencing employment.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Mr Forster and the dental nurse confirmed that they have current GDC registration and that they adhere to GDC CPD requirements. As discussed there was no evidence to confirm that the GDC registration was renewed in respect of the self-employed registered dental care professional.

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

Is Care Compassionate?

Recruitment and selection procedures will be further developed prior to new staff commencing work.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Mr Forster is aware of the need to obtain enhanced AccessNI disclosure checks prior to staff commencing work in the practice.

Discussion with Mr Forster 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 Forster 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

A staff register should be developed.

Robust arrangements should be established to review the GDC registration status and the professional indemnity status of the self-employed dental care professional.

Number of Requirements:	0	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 Forster, registered person, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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. An action plan for improvement had been developed as a result of the findings of the survey and it was suggested that this information should also be included in the summary report.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Forster, 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 RQIA's office 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	It is recommended that oropharyngeal airways sizes 0 – 4 and a self-inflating bag with reservoir suitable for use with a child are provided.		
Ref: Standard 12.4			
Stated: First time			
To be Completed by: 15 November 2015		Response by Registered Person(s) Detailing the Actions Taken:	
		<i>These have been ordered and will be here imminently.</i>	
Recommendation 2	It is recommended that a staff register is developed 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.		
Ref: Standard 11.1			
Stated: First time			
To be Completed by: 15 November 2015		Response by Registered Person(s) Detailing the Actions Taken:	
		<i>This has been completed.</i>	
Recommendation 3	It is recommended that robust arrangements are established to review the GDC registration status and the professional indemnity status of the self-employed dental care professional.		
Ref: Standard 11.2			
Stated: First time			
To be Completed by: 29 October 2015		Response by Registered Person(s) Detailing the Actions Taken:	
		<i>Registration details and confirmation confirmed.</i>	
Registered Manager Completing QIP	<i>[Signature]</i>	Date Completed	<i>9/12/15</i>
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	<i>9/12/15</i>
RQIA Inspector Assessing Response		Date Approved	

**Please ensure this document is completed in full and returned to RQIA's office*



RQIA Inspector Assessing Response	Emily Campbell	Date Approved	14.12.15
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