



The **Regulation** and
Quality Improvement
Authority

Smyth & Thornton Dental Surgery
RQIA ID: 11692
4 Windsor Hill
Newry
BT34 1ER

Inspector: Winifred Maguire
Inspection ID: IN022594

Tel: 028 3026 3400

**Announced Care Inspection
of
Smyth & Thornton Dental Surgery
25 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 25 August 2015 from 9.50 to 12.30. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern.

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 27 November 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 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

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| Registered Organisation/Registered Person: Patrick Thornton Rosemary Thornton Joanne Murtagh | Registered Manager: Patrick Thornton |
| Person in Charge of the Practice at the Time of Inspection: Patrick Thornton | Date Manager Registered: 02 September 2011 |
| Categories of Care: Independent Hospital (IH) – Dental Treatment | Number of Registered Dental Chairs: 3 |

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 three dentists and two dental nurses.

The following records were examined during 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 the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 27 November 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 27 November 2014

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 13 Stated: First time | The registered person should ensure the overflow on hand washing basins is covered and sealed. | Met |
| | Action taken as confirmed during the inspection: The overflow on the hand washing basins is covered and sealed. | |
| Recommendation 2 Ref: Standard 13 Stated: First time | The registered person should ensure sharps boxes are wall mounted where possible. | Met |
| | Action taken as confirmed during the inspection: Sharp boxes are wall mounted. | |

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. Further documentary evidence was forwarded following inspection. 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.

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 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.

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 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.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected 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 (birth certificate forwarded following inspection);
- 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;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties (documentary evidence forwarded following inspection); and
- evidence of professional indemnity insurance, where applicable.

A staff register was retained 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.

Mr Thornton 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, recruitment and selection procedures were found to be safe.

Is Care Effective?

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/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 Mr Thornton and Ms Murtagh 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 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.

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

Areas for Improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with three dentists and two dental nurses. All confirmed robust arrangements for dealing with a medical emergency and that appropriate recruitment and selection procedures were in place. 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.

Mr Thornton confirmed that despite implementing a patient consultation initiative no patients had provided the dental practice with feedback. Advice was given to Mr Thornton how to improve the completion rate of patient questionnaires.

Mr Thornton confirmed the practice would ensure patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

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|--|-----------------------|-----------------------|-----------------|
| Registered Manager | Patrick Thornton | Date Completed | 22/9/2015 |
| Registered Person | Patrick Thornton | Date Approved | 22/9/2015 |
| RQIA Inspector Assessing Response | Winnie Maguire | Date Approved | 24/09/15 |

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to independent.healthcare@rqia.org.uk from the authorised email address