

**Announced Care Inspection  
of  
Stranmillis Dental Practice**

**2 June 2015**

## 1. Summary of Inspection

An announced care inspection took place on 2 June 2015 from 10.30 to 12.00.

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 2 July 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	6

The details of the QIP within this report were discussed with the Ms Trish Dickson, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Eugene McMullan	<b>Registered Manager:</b> Mr Eugene McMullan
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Eugene McMullan	<b>Date Manager Registered:</b> 26/10/2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 3

## 3. Inspection Focus

The inspection sought to assess progress with the issue 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 Eugene McMullan, registered person, and two dental nurses. Ms Trish Dickson, practice manager facilitated the inspection.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 2 July 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 2 July 2014

Last Inspection Recommendation		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.2  <b>Stated:</b> First time	The dedicated hand washing basins in the two surgeries identified should have the overflows blanked off with a stainless steel plate and antibacterial mastic.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the identified dental surgeries confirmed that the overflows in the dedicated hand washing basins have been blanked off as recommended.	

##### 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). It was observed that the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Ms Dickson was advised that when the current form of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of oropharyngeal airways and clear face masks in sizes 0,1,2,3 and 4.

Mr McMullan confirmed that an Automated External Defibrillator (AED) is not currently available in the practice and that he intends to provide an AED in the future.

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 it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are 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**

Oropharyngeal airways and clear face masks in sizes 0,1,2,3 and 4 should be provided in keeping with the Resuscitation Council (UK) Guidance.

Advice and guidance should be sought in regards to the provision of an AED.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.4 Recruitment and Selection**

### **Is Care Safe?**

Review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. The revised policy should include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work, state the arrangements for applicants to provide a criminal conviction declaration and provide confirmation that the person is physically and mentally fit to fulfil their duties.

The personnel file of the staff member recruited since registration with RQIA was examined and 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;
- details of full employment history, including an explanation of any gaps in employment was recorded in the record of interview; and
- evidence of professional indemnity insurance.

There was no evidence to show that two written references had been obtained or a criminal conviction declaration had been made by the applicant nor was there confirmation that the applicant was physically and mentally fit to fulfil their duties.

Discussion with Ms Dickson confirmed the practice accepts CVs from applicants, review of the staff member's personnel file indicated that the applicant's CV had not provided the registered person with all the detail as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, the advantage of using of an application form, suited to the needs of the practice was discussed. The inspector referred Ms Dickson to Regulation 19 (2) Schedule 2 of the Regulations, which clearly states the information required in respect of employees, and advised that a recruitment and selection policy should reflect that the information contained therein.

Ms Dickson also confirmed that whilst two written references had not been obtained, a verbal reference was obtained for the staff member prior to commencement. Advice was provided on how the practice might evidence that a written reference had been sought, and how to record a verbal reference to evidence the source of the reference, for future applicants.

Ms Dickson was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

It was noted that the original AccessNI disclosure certificate was retained in the practice; this was discussed with Ms Dickson as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

A staff register was not 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.

Documentation confirming the indemnity status of Mr McMullan, the associate dentists and hygienists was available for review. Mr McMullan and Ms Dickson were unsure if dental nurses had indemnity cover. It was advised that Mr McMullan urgently establishes that indemnity cover is provided for dental nurses.

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 previously stated the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation. With the exception of written references, all other recruitment checks were in place to ensure qualifications and registrations are bona fide.

One personnel file was reviewed which 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 one 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?**

As previously stated the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Ms Dickson is aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work.

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**

Recruitment and selection procedures should be developed to reflect best practice guidance.

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

AccessNI disclosure certificates should be handled in keeping with best practice guidance.

A staff register should be provided.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>4</b>
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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 McMullan, registered person, Ms Trish Dickson, practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between 1 January 2014 and 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 the Regulation and Quality Improvement Authority (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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dickson, practice manager 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](mailto: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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (3) (d) <b>Stated:</b> First time  <b>To be Completed by:</b> 2 July 2015	<p>The registered person must ensure that staff members have indemnity insurance as appropriate.</p> <p>A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> nMaking arrangements with Dental Protection</p>
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### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 July 2015	<p>It is recommended that oropharyngeal airways and clear face masks should be provided in keeping with the Resuscitation Council (UK) Guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> These were located at the time of inspection and are now with the emergency oxygen apparatus.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 July 2015	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Estimates are being obtained by various suppliers</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 July 2015	<p>It is recommended that the recruitment and selection policy is further developed to ensure that the recruitment and selection of staff is undertaken in accordance with best practice and should include;</p> <ul style="list-style-type: none"> <li>• the procedure for undertaking enhanced AccessNI checks to include the handling of disclosure certificates;</li> <li>• the procedure for ensuring that applicants make a criminal conviction declaration; and</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Recruitment Policy has already been forwarded to RQIA</p>

<b>Recommendation 4</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 June 2015	It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been dealt with
<b>Recommendation 5</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time <b>To be Completed by:</b> 2 June 2015	It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the AccessNI Code of Practice. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been dealt with
<b>Recommendation 6</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 July 2015	It is recommended that a staff register should be developed and retained, to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been updated and dealt with

<b>Registered Manager Completing QIP</b>	Eugene McMullan	<b>Date Completed</b>	07/07/15
<b>Registered Person Approving QIP</b>	Eugene McMullan	<b>Date Approved</b>	07/07/15
<b>RQIA Inspector Assessing Response</b>	Lynn Long	<b>Date Approved</b>	05/08/15

*\*Please ensure the QIP is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**

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