



The Regulation and
Quality Improvement
Authority

Tandragee Dental Surgery
RQIA ID: 11699
29 Church Street
Tandragee
BT62 2AF

Inspector: Winnie Maguire
Inspection ID: IN022931

Tel: 028 3884 1778

**Announced Care Inspection
of
Tandragee Dental Surgery**

08 September 2015

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 8 September 2015 from 10.00 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 01 July 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Mr Wright and Ms Burnett, registered providers, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Tandragee Dental Surgery/ Ms Allison Burnett Mr Bryan Wright	Registered Manager: Ms Allison Burnett
Person in Charge of the Practice at the Time of Inspection: Mr Bryan Wright	Date Manager Registered: 23 July 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 two dentists, who are the registered providers, and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment and four 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 01 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 01 July 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Ensure that adequate ventilation providing both extract ventilation and the provision of make-up air is provided.	Met
	Action taken as confirmed during the inspection: There is adequate ventilation providing both extract ventilation and the provision of make-up air in the decontamination room.	

Recommendation 2 Ref: Standard 13 Stated: Second time	Results of the daily automatic control test for the non-vacuum steam steriliser should be recorded, and records retained for not less than two years. Action taken as confirmed during the inspection: The results of the daily automatic control test for the non-vacuum steriliser are recorded and Mr Wright confirmed the records will be held for not less than two years.	Met
Recommendation 3 Ref: Standard 13 Stated: First time	Flooring in clinical areas should be sealed at the edges where it meets the walls and the kicker boards of cabinetry. Action taken as confirmed during the inspection: The flooring in clinical areas has been sealed at the edges where it meets the walls and kicker boards of cabinetry.	Met
Recommendation 4 Ref: Standard 13 Stated: First time	Confirmation should be forwarded to RQIA on return of the QIP that the washer disinfector has been incorporated into the decontamination cycle and that staff have been trained in its use. Action taken as confirmed during the inspection: The washer disinfector is fully operational in the decontamination cycle and staff have been trained in its use.	Met

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. 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. The emergency drugs are stored in a cupboard which does not have a lock.

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 generally 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

Emergency drugs should be stored securely.

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. The policy was comprehensive and reflected best practice guidance.

One personnel file of staff recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement employment;
- 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; and
- evidence of professional indemnity insurance, where applicable.

Two written references and confirmation that the person is physically and mentally fit to fulfil their duties were not available for inspection.

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 Wright and Ms Burnett 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 generally safe.

Is Care Effective?

The dental service's recruitment and selection procedures generally comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

One personnel file was reviewed. It was noted that the file included a contract of employment 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 three dental nurses confirmed that staff have been provided with a job description, a contract of employment 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 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

The recruitment process should be completed for the most recently recruited member of staff in line with the dental practice's recruitment and selection procedure and the legislation.

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 two dentists who are the registered providers and one is also the registered manager and three dental nurses. The dental nurses confirmed training in relation to medical emergencies is to be carried out on 29 September 2015 and spoke very knowledgeably on the matter. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required and confirmed they had undertaken an induction programme and received training in managing a medical emergency.

Discussion with staff evidenced that they were provided with a job description and a contract of employment 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.

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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Bryan Wright and Ms Allison Burnett, registered providers, 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 persons 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 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 12 Stated: First time To be Completed by: 8 October 2015	The registered provider should ensure that emergency drugs are stored securely.		
	Response by Registered Person(s) Detailing the Actions Taken: Lock fitted to cupboard where emergency drugs stored and included in practice policy.		
Recommendation 2 Ref: Standard 11 Stated: First time To be Completed by: 8 October 2015	The registered provider should ensure that the recruitment process is completed for the most recently appointed member of staff in line with the practices recruitment procedure and legislation.		
	Response by Registered Person(s) Detailing the Actions Taken: Response by Registered Person(s) Detailing the Actions Taken: Reference, Birth certificate, Preemployment questionnaire, gathered for last employed member of staff to bring in line with practice policy		
Registered Manager Completing QIP	Alison Burnett	Date Completed	19/10/2015
Registered Person Approving QIP	Bryan Wright	Date Approved	19/10/2015
RQIA Inspector Assessing Response	Winnie Maguire	Date Approved	21/10/15

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