



Cushendall Dental Surgery
RQIA ID: 11702
c/o Glens Of Antrim Medical Centre
2 Gortaclee Road
Cushendall
BT44 0TE

Inspector: Emily Campbell
Inspection ID: IN022920

Tel: 028 2177 1242

**Announced Care Inspection
of
Cushendall Dental Surgery**

04 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 4 August 2015 from 09.50 to 11.10. 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 13 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

Registered Organisation/Registered Person: Mr Seamus Killough	Registered Manager: Mr Seamus Killough
Person in Charge of the Practice at the Time of Inspection: Mr Seamus Killough	Date Manager Registered: 9 April 2013
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 Mr Killough, registered person, an associate dentist, 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/agreement and one patient medical history.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care and variation to registration inspection dated 13 November 2014. The completed QIP was returned and approved by the care inspector.

An estates inspection was also undertaken at the same time and the findings of the estates inspection were issued under separate cover. The completed QIP for the estates inspection that was carried out on 13 November 2014 was returned to RQIA and it was signed off by the estates inspector on 22 December 2014.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 13 November 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	The daily automatic control test should be recorded in the vacuum and non-vacuum steriliser logbooks.	Met
	Action taken as confirmed during the inspection: Review of the steriliser logbooks evidenced that the automatic control test is being recorded daily in the steriliser logbooks.	
Recommendation 2 Ref: Standard 13 Stated: First time	Plugs should be removed from dedicated hand washing basins and the overflows blanked off with a stainless steel plate sealed with antibacterial mastic as appropriate.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.	

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, with the exception of an automated external defibrillator (AED) and oropharyngeal airways. However, the practice has timely access to an AED located in the medical centre which is in the same building as the practice. Mr Killough and the associate dentist advised that they have taken a risk management decision not to provide oropharyngeal airways. This was discussed with Mr Killough and the associate dentist in detail.

Mr Killough and the associate dentist advised that immediate medical support is readily available from the General Practitioners in the medical centre should a medical emergency arise which requires additional input whilst waiting for ambulance support.

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 Killough 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 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.

Number of Requirements:	0	Number of Recommendations:	0
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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.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Killough 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 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; 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 qualifications and professional registration with the GDC, where applicable.

Mr Killough confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Review of records demonstrated that the appropriate indemnity cover is in place in respect of Mr Killough and dental professionals who require individual professional indemnity cover.

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.

Job description, contract of employment/agreement and induction programme templates are in place relevant to specific roles within the practice in the event of new staff joining the practice.

Discussion with the associate dentist, a dental nurse and a receptionist 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.

Number of Requirements:	0	Number of Recommendations:	0
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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 Killough, registered person, an associate dentist, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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, with the exception of one staff member who submitted a questionnaire response. Mr Killough provided assurances that he will address this. 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. The inspector was provided with the complaint investigation record of a complaint received prior to this period. Review of the complaints record evidenced that systems are in place to ensure that complaints are 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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Seamus B Killough	Date Completed	18/08/2015
Registered Person	Seamus B Killough	Date Approved	18/08/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	19.8.15

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

Again as a Practice delighted the highest standards are being met in relation to our registration with RQIA as an Independent Hospital.

Again pleased with the highly professional manner shown to us during the inspection process .

As highlighted at the inspection for "one reason or another" this is at least the fourth regulatory inspection Cushendall Dental Surgery has undergone since Nov 2014. ie the last 10 months!

2 visits from RQIA including a Health Estates Inspection

VT Practice assessment on behalf of NIMDTA with view to taking on board a Foundation Dentist BDA Good Practice Scheme onsite inspection (approx. every 3 years)

HSCB Annual Governance Returns and I haven't mentioned our "ongoing duty" to the GDC and all "passed" with high recommendation.

Will there ever be one regulatory body acceptable to all and when will regulation in dentistry be proportionate, accountable, consistent, transparent and targeted?

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