



The Regulation and
Quality Improvement
Authority

The Maypole Dental Practice
RQIA ID: 11706
1st Floor
94-96 High Street
Holywood
BT18 9HW

Inspector: Stephen O'Connor
Inspection ID: IN022376

Tel: 028 90397782

**Announced Care Inspection
of
The Maypole Dental Practice**

10 August 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 10 August 2015 from 09:50 to 11:35. Mrs Karen Donnelly, registered manager, was not available during the inspection. The inspection was facilitated by Miss Linzi Crawford, registered manager, of two dental practices within the Oasis Dental Care group. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. An issue was identified in relation to the legionella risk assessment. 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) Regulation 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 11 December 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 Miss Linzi Crawford, registered manager of two dental practices within the Oasis Dental Care group, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Oasis Dental care Mr Andy Relf	Registered Manager: Mrs Karen Donnelly
Person in Charge of the Practice at the Time of Inspection: Miss Linzi Crawford	Date Registered: 16 March 2015
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 Miss Linzi Crawford, registered manager of two dental practices within the Oasis Dental Care group and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection dated 11 December 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 11 December 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 Stated: First	<p>The registered person must ensure evidence of Hepatitis B immunisation status for all clinical staff is available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of documentation demonstrated that evidence of Hepatitis B immunisation status for all clinical staff was retained in the practice.</p>	Met
Requirement 2 Ref: Regulation 18.2 Stated: First	<p>The registered person must ensure IPC training is completed, records maintained and made available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of documentation demonstrated that all staff in the practice have received infection prevention and control training.</p>	Met
Requirement 3 Ref: Regulation 25(2) Stated: First	<p>The registered person must ensure the work surface as outlined in the main body of the report is replaced or repaired.</p> <p>Action taken as confirmed during the inspection: It was observed that the work surface in surgery two has been repaired.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 11 Stated: First	<p>The registered person should inform the RQIA of the interim management arrangements of The Maypole Dental Practice in light of the absence of the manager.</p> <p>Action taken as confirmed during the inspection: A registered manager application was submitted in respect of Mrs Karen Donnelly and registration of Mrs Donnelly was approved with effect from 16 March 2015.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 13 Stated: First</p>	<p>The registered person should ensure the risk assessment for legionella is made available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that a legionella risk assessment was undertaken by an external organisation on the 6 September 2011. A two year review date was specified in the risk assessment. Miss Crawford confirmed that the risk assessment has not been reviewed within the specified timeframe. It was also observed that the risk assessment included recommendations to reduce the risk of legionella. Although the practice has introduced control measures, no documentation is available to confirm that the recommendations made in the risk assessment have been addressed.</p> <p>A recommendation has been made during this inspection to review the legionella risk assessment. A record should be retained to confirm that any recommendations made in the risk assessment have been addressed.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 13 Stated: First</p>	<p>The registered person should ensure sharps boxes are stored as outlined in main body of report.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was observed that sharps boxes awaiting collection were stored in the clinical waste store. The stock of new sharps boxes are stored in the general stock room.</p>		

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. One staff questionnaire indicated that the respondent had not been provided with medical emergency refresher training within the previous 12 calendar months. However, review of documentation demonstrated that all staff with the exception of a receptionist who is currently on extended leave have completed medical emergency refresher training within the previous 12 calendar months.

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. It was observed that the format of buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Mrs Crawford was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. 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.

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 in the practice. The policy was comprehensive and reflected best practice guidance, with the exception of the procedure to be followed in regards to enhanced AccessNI checks.

Four personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- 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.

The arrangements for AccessNI checks were reviewed. In two files it was identified that enhanced AccessNI checks had been received prior to the staff members commencing work. However, in two files only the unique identifying number of the AccessNI checks had been recorded. As additional information in relation to these two checks had not been recorded it was not possible to ascertain if the checks were received before or after the identified staff commenced work in the practice.

Following the inspection a staff register was submitted to the inspector on the 13 August 2015. The staff registered contained staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Miss Crawford 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 generally found to be safe.

Is Care Effective?

As discussed above further development is needed in relation to AccessNI policies and procedures to ensure that recruitment and selection procedures comply with all relevant legislation.

Four personnel files were reviewed. It was noted that each 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 four evidenced that induction programmes are completed when new staff join the practice.

Discussion with Miss Crawford confirmed that staff have been provided with a job description, 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 generally found to be effective.

Is Care Compassionate?

In the main, 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. As previously stated, review of four staff personnel files demonstrated an enhanced AccessNI check had been received prior to commencing work in respect of two staff members. However, in two files reviewed only the unique identifying number of the AccessNI checks had been recorded. As additional information in relation to these two checks had not been recorded it was not possible to ascertain if the checks were received before or after the identified staff commenced work in the practice. The importance of handling AccessNI checks in keeping with the AccessNI code of practice was discussed with Miss Crawford.

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 they are knowledgeable about the core values of privacy, dignity, respect and patient choice.

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

Areas for Improvement

The recruitment policy should be further developed to include the procedure to be followed in relation to enhanced AccessNI checks.

Records of enhanced AccessNI checks should be retained in keeping with the AccessNI code of practice. The record should include the date the application was made, the date the certificate was received, the serial number on the certificate and the outcome of the review of the certificate.

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 Miss Linzi Crawford, registered manager for two dental practices within the Oasis Dental Care group and a dental nurse. 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 the submitted questionnaires and discussion with staff evidenced that they were provided with a job description and 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. One questionnaire indicated that the respondent had not completed medical emergency refresher training within the previous 12 calendar months. However, review of documentation demonstrated that all staff with the exception of a receptionist who is currently on maternity leave have completed medical emergency refresher training within the previous 12 calendar months

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 evidence provided in the returned questionnaire indicated that no complaints have been received between the 1 January 2014 and the 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 Miss Linzi Crawford, registered manager for two dental practices within the Oasis Dental Care group, 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 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.

6.4 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.

6.5 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 14.2 Stated: First time To be Completed by: 10 October 2015	It is recommended that the legionella risk assessment is reviewed. A record should be retained to confirm that any recommendations made in the risk assessment have been addressed. Response by Registered Manager Detailing the Actions Taken: Legionella assesemets to be carried out
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 10 October 2015	It is recommended that the recruitment policy is further developed to include the procedure to be followed for undertaking enhanced AccessNI disclosure checks for newly recruited staff. Response by Registered Manager Detailing the Actions Taken: This now being drawn up by head offive and will come into effect with any new employees
Recommendation 3 Ref: Standard 11 Stated: First time To be Completed by: 10 August 2015	It is recommended that records of enhanced AccessNI checks should be retained in keeping with the AccessNI code of practice. The record should include the date the application was made, the date the certificate was received, the serial number on the certificate and the outcome of the review of the certificate. Response by Registered Manager Detailing the Actions Taken: This has now been completed and original doc shredded

Registered Manager Completing QIP	Linzi Crawford	Date Completed	10/09/15
Registered Person Approving QIP	Andrew Relf	Date Approved	11/09/15
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	02/10/2015

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