



The Regulation and
Quality Improvement
Authority

The Smile Shop (Banbridge)
RQIA ID: 11709
11 Church Street
Banbridge
BT32 4AA

Inspector: Norma Munn
Inspection ID: IN023647

Tel: 028 4066 2727

**Announced Care Inspection
of
The Smile Shop (Banbridge)**

21 December 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 21 December 2015 from 10.00 to 12.10. 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. 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 10 February 2015.

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	2

The details of the QIP within this report were discussed with Mr Ian Hulatt and Ms Judith Hulatt, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Judith Hulatt Mr Ian Hulatt	Registered Manager: Ms Judith Hulatt
Person in Charge of the Practice at the Time of Inspection: Ms Judith Hulatt	Date Manager Registered: 23 March 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 Mr Ian Hulatt and Ms Judith Hulatt, registered persons and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment and the procedure for obtaining and reviewing 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 10 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 10 February 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Records should be retained regarding the Hepatitis B immunisation status of clinical staff. <hr/> Action taken as confirmed during the inspection: Review of staff files and discussion with Ms Hulatt confirmed that records have been retained regarding Hepatitis B immunisation status with the exception of two members of staff. RQIA received confirmation by electronic mail on 4 January 2016 confirming that the one of the tests had been carried out for one staff member and the other was due on 7 January 2016. Confirmation was received	Met

	on 7 January 2016 to confirm that the records from both are now retained on file.	
Recommendation 2 Ref: Standard 13 Stated: First time	<p>The flooring in surgery two should be sealed where it meets the walls and where cabinetry meets the flooring.</p> <p>Action taken as confirmed during the inspection: Observation in surgery two and discussion with Ms Hulatt confirmed that the flooring is sealed where it meets the walls and cabinetry.</p>	Met
Recommendation 3 Ref: Standard 13 Stated: First time	<p>The overflows in the dedicated stainless steel hand washing basins in dental surgeries and the decontamination room should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Observation in both surgeries and discussion with Ms Hulatt confirmed that the dedicated hand washing basins overflows had been blanked off as recommended. Discussion with Ms Hulatt confirmed the hand washing basin in the decontamination room was unable to be blanked off due to the design of the overflow.</p> <p>It was noted that due to a protrusion integral to the design of the basin in the middle of the overflow, it is not possible to successfully blank off the overflow with a stainless steel plate.</p> <p>It was suggested that a clinical hand washing basin in keeping with HTM 01-05 is provided in the decontamination room on the next refurbishment.</p>	Met
Recommendation 4 Ref: Standard 13 Stated: First time	<p>A daily automatic control test (ACT) should be undertaken and recorded in the logbooks for the DAC Universal and the steriliser.</p> <p>Action taken as confirmed during the inspection: Discussion with Ms Hulatt and review of records confirmed that daily automatic control tests are being carried out and accurately recorded.</p>	Met

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Hulatt, Ms Hulatt and 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. However, discussion with Ms Hulatt and review of training records evidenced that the most recent training carried out in October 2015 only included training in resuscitation and did not include other medical emergencies. Ms Hulatt has agreed to source further training in the management of medical emergencies.

Discussion with Mr Hulatt, Ms Hulatt and 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 a self-inflating bag with reservoir suitable for use with a child. The self-inflating bag was ordered on the day of the inspection. A robust system is in place to ensure that emergency medicines do not exceed their expiry date. A system was developed on the day of the inspection to ensure that emergency equipment is also checked. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Hulatt, Ms Hulatt 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 was reviewed. A minor amendment was made to the policy on the day of the inspection to include the arrangements regarding incident documentation and staff debriefing. The revised policy reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Hulatt, Ms Hulatt and 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 Mr Hulatt, Ms Hulatt and 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?

Review of the recruitment policy and procedure available in the practice identified that further development is needed to ensure the policy is reflective of legislation and best practice guidance. A recommendation has been made.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Hulatt and Ms Hulatt 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
- 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 developed following the inspection 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 Hulatt and Ms Hulatt 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 previously stated the recruitment and selection procedure needs to be further developed to comply with relevant legislation and include checking procedures to ensure qualifications, registrations and references are bona fide.

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 Mr Hulatt and Ms Hulatt confirmed that staff have been provided with a job description and have received induction training when they commenced work in the practice. Mr Hulatt and Ms Hulatt confirmed that not all staff have a contract of employment/agreement in place. A recommendation has been made.

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?

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

The recruitment policy should be developed in line with legislative and best practice guidance.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts should be retained in the personnel files of any new staff recruited.

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 Mr Hulatt and Ms Hulatt, registered persons and two dental nurses. 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 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 although annual training is provided on the management of cardio pulmonary resuscitation, recent training carried out in October 2015 did not include other medical emergencies. As discussed Ms Hulatt has agreed to source further training to include 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 Ian Hulatt and Ms Judith Hulatt, registered persons, 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 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 persons 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.

Quality Improvement Plan

Recommendations			
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 21 March 2016</p>	<p>It is recommended that a recruitment and selection policy and procedure is developed to reflect best practice guidance to include:</p> <ul style="list-style-type: none"> the recruitment process, application process, shortlisting, interview and selection, issuing of job description and contract of employment; proof of identification including a recent photograph, two written references; employment history together with a satisfactory written explanation of any gaps in employment, Access NI check, confirmation that the person is physically and mentally fit, verification of qualifications and registration with professional bodies and a criminal conviction declaration by the applicant. 		
	<p>Response by Registered Person(s) Detailing the Actions Taken: A recruitment and selection policy has been drawn up including all requirements as above</p>		
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 21 January 2016</p>	<p>All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: all staff have been provided with contracts and on recruitment of new staff, contracts/ agreements will be retained in their personnel files</p>		
Registered Manager Completing QIP	Judy Hulatt	Date Completed	30/01/16
Registered Person Approving QIP	Judy Hulatt	Date Approved	21/01/16
RQIA Inspector Assessing Response	Norma Munn	Date Approved	12/02/2016

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

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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.