



The Regulation and
Quality Improvement
Authority

Townhouse Dental Practice
RQIA ID: 11712
3 Lodge Road
Coleraine
BT52 1LU

Inspector: Stephen O'Connor
Inspection ID: IN023398

Tel: 028 7034 2393

**Announced Care Inspection
Of
Townhouse Dental Practice**

25 November 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 25 November 2015 from 09:50 to 11:40. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. It was identified that some improvements are necessary for the management of recruitment and selection to be 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 11 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 | 2 | 0 |

The details of the QIP within this report were discussed with Mr Matthew Preston, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|--|--|
| Registered Organisation/Registered Person: Mr Matthew Preston | Registered Manager: Mr Matthew Preston |
| Person in Charge of the Practice at the Time of Inspection: Mr Matthew Preston | Date Manager Registered: 18 April 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 Matthew Preston, registered person, an associate dentist and a trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and three 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 11 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 11 February 2015

| Last Inspection Recommendations | | Validation of Compliance |
|--|---|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> | <p>The following issues should be addressed during the planned refurbishment programme:</p> <ul style="list-style-type: none"> • Ensure the new flooring to be installed in surgery two is in keeping with the specifications as outlined in the 2013 edition of HTM 01-05; • The newly installed floor in surgery one should be sealed at the edges where it meets the skirting boards and kicker boards of cabinetry; • As an interim measure, pending the installation of the new hand washing basin in surgery two the overflow on the stainless steel hand washing basin currently in place should be blanked off using a stainless steel plate sealed with antibacterial mastic. | <p>Met</p> |

| | | |
|--|--|--|
| | <p>Action taken as confirmed during the inspection:</p> <p>It was observed that a new floor in keeping with the 2013 edition of HTM 01-05 has been installed in surgery two and that the floor in surgery one has been sealed at the edges. It was also observed that a dedicated stainless steel hand washing basin in keeping with the 2013 edition of HTM 01-05 has been installed in surgery two.</p> | |
|--|--|--|

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr Preston 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.

Discussion with Mr Preston 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). It was observed that the format of buccal Midazolam available was not in keeping with the Health and Social Care Board (HSCB) guidance. Mr Preston was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance. It was observed that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice. Oropharyngeal airways in the various sizes and a self-inflating bag with reservoir suitable for use with children were not available. This was discussed with Mr Preston who readily agreed to provide this equipment. Documentary evidence confirming that the identified equipment had been ordered was submitted to RQIA on 27 November 2015. 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 Preston 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 Mr Preston 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 Preston 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 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was amended during the inspection to include the procedure for undertaking enhanced AccessNI checks, obtaining and reviewing the employment history of applicants and retaining records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 in staff personnel files. The amended policy was comprehensive and reflected best practice guidance.

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

- positive proof of identity, including a recent photograph
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

The arrangements for enhanced AccessNI checks were reviewed. In two files it was identified that the enhanced Access NI checks had been received after the staff commenced work. One file reviewed included documents to confirm that the enhanced AccessNI check had been applied for on 23 November 2015; however on the day of inspection this check had not been

received by the practice. The procedure for undertaking enhanced AccessNI checks was discussed with Mr Preston. A requirement has been made.

None of the files reviewed included two written references, details of full employment history, documentary evidence of qualifications or a criminal conviction declaration made by the applicant. Mr Preston was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A requirement has been made to address this.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Mr Preston confirmed that he is aware that the staff register is a live document that should be kept up-to-date.

Mr Preston 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

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

Discussion with Mr Preston confirmed that with the exception of dental hygienists staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice. Mr Preston confirmed that he is in the process of establishing contracts of employment for the dental hygienists.

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 it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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, issues were identified in relation to enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Preston.

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

AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. Confirmation that a satisfactory enhanced AccessNI check has been received for the identified staff member must be submitted to RQIA.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 2 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.5 Additional Areas Examined

5.5.1. Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Matthew Preston, registered person, an associate dentist and a trainee dental nurse. 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.

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 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 Matthew Preston, registered person 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 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 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.

Quality Improvement Plan

| Statutory Requirements | | | |
|---|---|-----------------------|-------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 25 November 2015</p> | <p>The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> • enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice and • confirmation must be submitted to RQIA on return of this QIP that a satisfactory enhanced AccessNI check has been received for the identified staff member | | |
| | <p>Response by Registered Person Detailing the Actions Taken: Recruitment policy amended to reflect requirement for Access NI checks before commencing work. Enhanced Access NI check number 2000117702 was received and documented on 26/11/2015</p> | | |
| <p>Requirement 2</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p> <p>To be Completed by: 25 November 2015</p> | <p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: Recruitment policy amended to reflect requirements of Schedule 2 of The Independent Health Care Regulations (NI) 2005. Personnel files of all staff members recruited after registration with RQIA have been updated to contain the required information.</p> | | |
| Registered Manager Completing QIP | Matthew Preston | Date Completed | 06/01/2016 |
| Registered Person Approving QIP | Matthew Preston | Date Approved | 06/01/2016 |
| RQIA Inspector Assessing Response | Stephen O'Connor | Date Approved | 08/01/2016 |

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