



**The Regulation and
Quality Improvement
Authority**

**Clear Dental Care NI Limited
RQIA ID: 11723
11 Victoria Road
Larne
BT40 1RT**

**Inspector: Carmel McKeegan
Inspection ID: IN023677**

Tel: 028 2826 0797

**Announced Care Inspection
of
Clear Dental Care NI Limited

16 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 16 December 2015 from 11.00 to 12.45. 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 15 October 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	2

The details of the QIP within this report were discussed with Mrs Karen Moxham, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Clear Dental Care NI Limited Mr Mark Tosh	Registered Manager: Mrs Karen Moxham
Person in Charge of the Practice at the Time of Inspection: Mrs Karen Moxham	Date Manager Registered: 26 April 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 Mrs Karen Moxham, registered manager and a dental nurse/receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, 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 15 October 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 15 October 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.4 Stated: Second time	Health estates at DHSSPS should be contacted for advice regarding the provision of make-up air into the decontamination room. Action taken as confirmed during the inspection: Mrs Moxham confirmed an additional air ventilation unit was installed as advised by Health Estates, DHSSPS. Observation of the decontamination room confirmed that a second air ventilation unit had been installed to ensure the air flow went from the 'clean area' to 'dirty area'.	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) with the exception of Midazolam. During discussion Mrs Moxham confirmed that she had been informed by a medical supplier that Midazolam was no longer required. Mrs Moxham was advised by the inspector that in accordance with the British National Formulary (BNF) guidelines on medical emergencies in dental practices, Midazolam (Buccal) 10mg should be provided. However the Health and Social Care Board (HSCB) provided further guidance to all dental practices in 2013 stating that when the current form of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes. Buccolam pre-filled syringes were ordered for the practice during the inspection.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with a child and a clear face mask suitable for use with a child. Mrs Moxham ordered both items during the inspection.

A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mrs Moxham confirmed that Buccolam will be included on the emergency drugs checking list. 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 as a result of the action taken during the inspection.

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

Areas for improvement were addressed 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.

Three personnel files of staff recruited since registration with RQIA were examined. The following records were in place for all three staff members:

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

The following records were provided in one of the three staff files reviewed:

- two written references
- details of full employment history, including an explanation of any gaps in employment
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties

Mrs Moxham confirmed that the Clear Dental Care NI Limited staff recruitment policy had recently been reviewed and updated to meet with legislation and best practice guidance. A recommendation was made to ensure staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2.

It was observed that AccessNI enhanced disclosure certificates were retained within staff personnel files reviewed. AccessNI enhanced disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome. A recommendation was made in this regard.

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.

Mrs Moxham 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, the practice's recruitment and selection procedures need to be applied to ensure compliance with relevant legislation including checks to ensure 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 staff confirmed that they 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 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

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2.

AccessNI checks must be handled in keeping with the AccessNI code of practice.

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 Mrs Karen Moxham, registered manager and a dental nurse/receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight 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 Mrs Karen Moxham, registered manager 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 RQIA offices 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 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.

Quality Improvement Plan

Recommendations

Recommendation 1 It is recommended that staff personnel files for newly recruited staff including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005

Ref: Standard 11.1

Stated: First time
To be Completed by:
16 December 2015

Response by Registered Person(s) Detailing the Actions Taken:
POINT HAS BEEN NOTED AND WILL BE CARRIED OUT FROM NOW ON.

Recommendation 2 It is recommended that AccessNI enhanced disclosure certificates should be handled in keeping with the AccessNI code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome

Ref: Standard 11.1

Stated: First time
To be Completed by:
16 December 2015

Response by Registered Person(s) Detailing the Actions Taken:
POINT HAS BEEN NOTED AND GRECT PROCEDURE WILL BE CARRIED OUT.

Registered Manager Completing QIP	[Redacted]	Date Completed	22/1/16
Registered Person Approving QIP	[Redacted]	Date Approved	26/1/16
RQIA Inspector Assessing Response	Ellie Keegan	Date Approved	1.2.16.

'Please ensure this document is completed in full and returned to RQIA offices'

