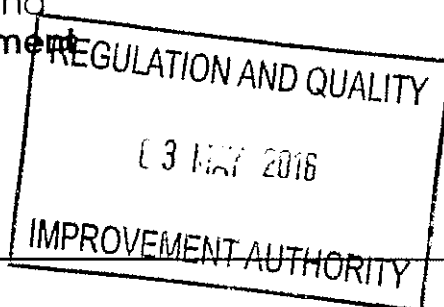


The Regulation and
Quality Improvement
Authority

Inspector: Carmel McKeegan
Inspection ID: IN024169



Whiteabbey Dental Practice
RQIA ID: 11731
138 Doagh Road
Newtownabbey
BT37 9QR

Tel: 028 9086 2726

Announced Care Inspection of Whiteabbey Dental Practice

11 March 2016

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 11 March 2016 from 14.00 to 15.30. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Areas for improvement were identified in relation to the arrangements for recruitment and selection 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 22 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	1	1

The details of the QIP within this report were discussed with Mr Iain Thompson, 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 Iain Thompson	Registered Manager: Mr Iain Thompson
Person in Charge of the Practice at the Time of Inspection: Mr Iain Thompson	Date Manager Registered: 7 June 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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 Iain Thompson and an associate dentist.

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 22 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 22 December 2014.

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The pull cord in the patient toilet facility should be replaced and maintained clean. Fabric covered chairs should be removed from surgeries.	Met
	Action taken as confirmed during the inspection: The pull cord in the patient toilet facility has been replaced and provided with a cleanable cover. Observation of all four surgeries confirmed that fabric chairs have been removed. New chairs compliant with HTM 01-05 were provided.	

Recommendation 2 Ref: Standard 13 Stated: First time	Chipped cabinetry in surgeries should be made good.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Thompson and observation of the identified cabinetry confirmed that the chipped edging at the bottom of cabinet doors has been repaired. A protective edging has been applied to protect the bottom of the doors from further damage.	
Recommendation 3 Ref: Standard 13 Stated: First time	The overflows of stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: It was observed that hand washing basin overflows have been blanked off as recommended.	
Recommendation 4 Ref: Standard 13 Stated: First time	A weekly protein residue test should be undertaken and recorded in the logbook for the DAC Universal.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Thompson and review of the DAC Universal logbook confirmed that a weekly protein residue test is undertaken as recommended.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Thompson and the associate dentist 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 Thompson and the associate dentist 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), however it was observed that Glucagon medication was not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this. Mr Thompson was advised that if Glucagon is stored out of a fridge a revised expiry date of 18 months from the date of receipt of the medication should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. On the day of the inspection a revised expiry date was marked on the Glucagon medication packaging and the expiry date checklist. It was also observed that the format of Buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Thompson was advised that when the current form of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

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 a child, a self-inflating bag with reservoir suitable for an adult and oropharyngeal airways in sizes 0,1,2,3 and 4. On 15 March 2016, RQIA received confirmation by electronic mail that these items had been ordered for the practice.

Mr Thompson confirmed that an automated external defibrillator (AED) is not provided in the practice however an AED is available within close proximity to the dental practice and can be accessed in a timely manner. On 15 March 2016, RQIA received confirmation by electronic mail that Mr Thompson will seek advice from his medico legal advisor regarding provision of an AED in the practice.

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 Thompson and the associate dentist 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?

Written protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, a policy for the management of medical emergencies had not been developed. Advice and guidance was provided to Mr Thompson on the information that should be provided within this policy. RQIA received a policy for the management of medical emergencies reflective of best practice guidance by electronic mail on 15 March 2016.

Discussion with Mr Thompson and the associate dentist 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 Thompson and the associate dentist 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 Mr Thompson and the associate dentist 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 available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. RQIA received a copy of the revised recruitment policy by electronic mail on 15 March 2016, which outlined the records to be retained as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Three personnel files of staff recruited since registration with RQIA were examined and provided the following records:

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

A criminal conviction declaration made by applicants had not been provided; discussion with Mr Thompson demonstrated that prior to the inspection he believed that the Access NI enhanced disclosure covered this area. One written reference was provided in two of the staff files reviewed. Mr Thompson confirmed that in previous years, verbal references had been obtained for each staff member; Mr Thompson stated that two written references will be sought for future applicants as stated in the revised recruitment procedures. A recommendation was

made to ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Staff files reviewed evidenced that an enhanced AccessNI check was received prior to the commencement of employment for staff members. However the staff member's AccessNI checks reviewed had not been completed by the practice. Mr Thompson was advised that AccessNI checks are not portable. During discussion Mr Thompson demonstrated that he is now fully aware that in future an AccessNI enhanced disclosure check must be undertaken and received by the practice for any staff member prior to commencement of employment. A requirement is made in this regard.

It was noted in each staff personnel file that a copy of the original AccessNI enhanced disclosure check had been retained. This is not in keeping with the AccessNI Code of Practice and was discussed with Mr Thompson who removed the certificates and confirmed the certificates would be destroyed in accordance with the practice's management of records policy. Mr Thompson confirmed that he is aware of the information to be retained in respect of AccessNI checking procedures for future new staff employed.

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.

Mr Thompson 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 that recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures were further developed to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. Mr Thompson confirmed that he was aware of the required records to be kept in respect of persons to be employed in the dental practice

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 an associate dentist confirmed that he had been provided with a job description, contract of employment/agreement and had received induction training when he commenced work in the practice.

Discussion with Mr Thompson and the associate dentist confirmed that staff are aware of their roles and responsibilities.

Mr Thompson and the associate dentist confirmed that clinical staff 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 that recruitment and selection procedures are effective.

Is Care Compassionate?

The application of the recently revised recruitment and selection procedures for any new staff appointments will ensure 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 discussed, Mr Thompson is fully aware that in future an AccessNI enhanced disclosure check must be undertaken and received by the practice for any staff member prior to commencement of employment.

Discussion with Mr Thompson and an associate dentist demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Thompson and an associate dentist 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 undertaken by the practice must be received prior to any new staff commencing work in the practice and an AccessNI check must be undertaken for the identified staff member.

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	1	Number of Recommendations:	1
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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 Thompson and an associate dentist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required. Discussion with Mr Thompson indicated that staff questionnaires had been distributed to staff members.

Discussion with Mr Thompson and an associate dentist evidenced that staff were provided with a job description and contract of employment/agreement on commencing work in the practice. Mr Thompson and an associate dentist also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Records were available to confirm 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 evidence provided in the returned questionnaire indicated that one complaint had been received and had been 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Iain Thompson, 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/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's office 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

Requirement 1

Ref: Regulation 19 (2)
Schedule 2

Stated: First time

To be Completed by:
11 March 2016

The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.

An enhanced AccessNI check must be undertaken for the identified staff members.

Response by Registered Person(s) Detailing the Actions Taken:

FURTHER ACCESS NI DOCUMENTATION HAS BEEN RECEIVED AND ALL IDENTIFIED STAFF ARE NOW ACCESS NI CHECKED AND REGISTERED AT THE PRACTICE ADDRESS OF 138 DOACH ROAD, NEWTOWN ABBEY.

Recommendations

Recommendation 1

Ref: Standard 11.1



Stated: First time

To be Completed by:
11 March 2016

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Response by Registered Person(s) Detailing the Actions Taken:

ALL NEW STAFF PERSONNEL FILES WILL NOW INCLUDE ALL RELEVANT DOCUMENTATION SPECIFIED IN SECT 2. OF ABOVE REGULATIONS.

Registered Manager Completing QIP		Date Completed	3/5/16
Registered Person Approving QIP		Date Approved	3/5/16
RQIA Inspector Assessing Response	Chelkeagan	Date Approved	3.5.16

**Please ensure this document is completed in full and returned to RQIA's office*

