



The Regulation and
Quality Improvement
Authority

Newry Denture and Dental Care Ltd
RQIA ID: 12096
100 Hill Street
Newry
BT34 1BT

Inspector: Emily Campbell
Inspection ID: IN022933

Tel: 028 3026 5765

**Announced Care Inspection
of
Newry Denture and Dental Care Ltd**

10 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 10 November 2015 from 09.40 to 10.30. On the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. The arrangements for recruitment and selection were found to be safe, effective and compassionate. An area for improvement was identified and is 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

No actions were required to be taken following the last care inspection on 15 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	1

The details of the QIP within this report were discussed with Mrs Geraldine O'Hare and Mr Damien O'Hare, 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: Newry Denture and Dental Care Ltd Mrs Geraldine O'Hare	Registered Manager: Mr Damien O'Hare
Person in Charge of the Practice at the Time of Inspection: Mrs Geraldine O'Hare Mr Damien O'Hare	Date Manager Registered: 17 September 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1

Mr O'Hare is a registered clinical dental technician. The practice predominantly provides the service of assessing and making dentures for patients. However, if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse. The registration of this practice pertains to the dental care and treatment aspect of the services provided.

3. Inspection Focus

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 Geraldine O'Hare and Mr Damien O'Hare, registered persons.

The following records were examined during the inspection: relevant policies and procedures, training records and the arrangements for 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 December 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 15 December 2014

As above.

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr and Mrs O'Hare confirmed that the management of medical emergencies training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Training records of the contracted dentist and dental nurse were also available.

As no staff are employed in the practice, a formal induction programme has not been developed, however, Mr and Mrs O'Hare confirmed that if staff were recruited, the induction programme would include the management of medical emergencies.

Discussion with Mr and Mrs O'Hare confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment. The contracted dentist has reviewed the medicines and equipment available for use.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of portable suction, oropharyngeal airways and an automated external defibrillator (AED). Confirmation was received by email on 21 November 2015 that the portable suction and airways have now been provided. A recommendation was made in relation to the availability of an AED. 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 O'Hare demonstrated that systems have been established for recording and reviewing patients' medical histories.

On the day of the inspection the arrangements for managing a medical emergency were generally found to be safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr and Mrs O'Hare 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 and Mrs O'Hare 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 and Mrs O'Hare 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

The availability of an AED should be reviewed. Advice and guidance should be sought from the medico-legal advisor in this regard.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

As the practice does not employ any staff a recruitment policy and procedure have not been developed. However, Mr and Mrs O'Hare provided assurances these would be developed prior to recruiting any staff.

Mr and Mrs O'Hare 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.

Mr and Mrs O'Hare confirmed that if staff were recruited, a staff register would be developed and 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.

Review of records evidenced that appropriate professional indemnity cover is in place in respect of Mr O'Hare and the contracted dentist. Records were also retained regarding the GDC registration status of Mr O'Hare, the contracted dentist and the dental nurse who accompanies him.

On the day of the inspection, recruitment and selection procedures were found to be safe.

Is Care Effective?

As discussed, in the event of staff being recruited, recruitment and selection procedures will be developed, which will comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Mr and Mrs O'Hare confirmed that staff recruited would be provided with a contract of employment/agreement, a job description and an induction programme.

Mr O'Hare confirmed that he has current GDC registration and that he adheres to GDC CPD requirements.

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

Is Care Compassionate?

In the event of staff being recruited, recruitment and selection procedures will be developed in line with good practice and legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Mr and Mrs O'Hare are aware of the need to obtain enhanced AccessNI checks prior to staff commencing work in the practice.

Discussion with Mr O'Hare demonstrated that he has a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr and Mrs O'Hare 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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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 and Mrs O'Hare, registered persons. A dentist and dental nurse are contracted from another practice to provide dental care and treatment in this practice; however, they were not available on the day of inspection.

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 issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Geraldine O'Hare and Mr Damien O'Hare, 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 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(s) 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(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Recommendations

Recommendation 1	The availability of an automated external defibrillator (AED) should be reviewed. Advice and guidance should be sought from the medico-legal advisor in this regard.
Ref: Standard 12.4	
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: Currently looking into
To be Completed by: 10 February 2016	

Registered Manager Completing QIP	Damien O Hare	Date Completed	22/12/15
Registered Person Approving QIP	Geraldine O Hare	Date Approved	22/12/15
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	23.12.15

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