



The **Regulation** and
Quality Improvement
Authority

Claire Hughes Dental
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Londonderry
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Inspector: Norma Munn
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**Announced Care Inspection
of
Claire Hughes Dental**

7 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 7 December 2015 from 10:00 to 13:00. Previously known as Waterside Dental Surgery, Ms Claire Hughes, registered person, rebranded on 6 November 2015 under the name Claire Hughes Dental. 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 21 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	1	1

The details of the QIP within this report were discussed with Ms Claire Hughes, registered person and Mr Simon Welch, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Claire Hughes	Registered Manager: Ms Claire Hughes
Person in Charge of the Practice at the Time of Inspection: Ms Claire Hughes	Date Manager Registered: 19 September 2013
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
- 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 Ms Claire Hughes, registered provider, Mr Simon Welch, practice manager, one dental nurse and one 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 two 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 21 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 21 October 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The Infection Prevention Society (IPS) HTM 01-05 2013 edition audit tool should be completed on a six monthly basis and action plan generated from any identified deficits.	Met
	Action taken as confirmed during the inspection: The IPS audit tool had not been completed during 2015. However, the day after the inspection on 8 December 2015, RQIA received confirmation by electronic mail that the HTM 01-05 2013 edition of the audit tool had been completed. Discussion with Ms Hughes demonstrated that she is aware that this audit tool is to be undertaken six monthly and action generated from any deficits identified.	
Recommendation 2 Ref: Standard 12.5 Stated: First time	A fire drill should be undertaken.	Met
	Fire drills should be carried out at least on an annual basis. Action taken as confirmed during the inspection: A review of fire drill records confirmed that a recent fire drill had been undertaken on 4 November 2015. Discussion with Ms Hughes confirmed that fire drills will be carried out at least yearly.	

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The refurbishment plan should be progressed/developed to complete the refurbishment of surgery two and for the refurbishment of surgery one to include the following:</p> <ul style="list-style-type: none"> • Work surfaces should be intact and easy to clean • Flooring in surgery one should be impervious and easy to clean • Flooring should be covered at the edges and sealed where cabinetry meets the flooring • Dedicated hand washing basins should not have plugs or overflows; the overflow of the stainless steel hand washing basin in surgery two 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>Observation in both surgeries and discussion with Ms Hughes confirmed that work surfaces are intact and easy to clean. Flooring is impervious and easy to clean, covered at the edges and sealed where it meets the cabinetry. Dedicated hand washing basins do not have plugs and overflows had been blanked off as recommended.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Establish arrangements to ensure that decontamination equipment is revalidated in a timely manner on an annual basis.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following the previous inspection confirmation was provided by electronic mail to confirm that validation had been carried out during 2014. Review of records and discussion with Ms Hughes confirmed that all decontamination equipment has been validated on 6 March 2015 and will be revalidated annually.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Undertake and record a weekly protein residue test for the washer disinfectant.</p> <p>Ms Hughes should check with the manufacturer/supplier of the washer disinfectant to establish if a soil test should be undertaken and implement same if required.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Hughes confirmed that a new washer disinfectant has been installed since the previous inspection. Discussion with the dental nurse and review of records confirmed that weekly protein tests have been carried out.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A paper print-out or data logger facility should be installed for the steriliser to ensure that the cycle parameters for every cycle of the steriliser are retained.</p> <p>Records of cycle parameters should be retained for at least two years.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Hughes confirmed that a new autoclave and data logger has been installed and cycle parameters for each cycle have been recorded.</p>	<p>Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Ms Hughes 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 Ms Hughes 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. Ms Hughes ordered the self-inflating bag 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 Ms Hughes 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 Ms Hughes 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 Ms Hughes 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 Ms Hughes and 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?

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 was noted:

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

Discussion with Ms Hughes confirmed that all staff working in the practice have had an enhanced AccessNI check undertaken. However, the AccessNI log reviewed on the day of the inspection did not include the date the application was submitted or received and the reference number logged was inaccurate. There was no evidence that checks had been received prior to commencement of employment. This was discussed with Ms Hughes who readily agreed to update the log with accurate information. RQIA received confirmation via electronic mail on

10 December 2015 that the AccessNI log had been updated. The information received identified that an enhanced AccessNI check had been undertaken for all staff employed since registration. However, the AccessNI check for one member of staff was received after they commenced work. A requirement has been made.

A criminal conviction declaration made had been provided in one file. However, in two of the files reviewed a criminal conviction declaration made by applicants had not been provided. This was discussed with Ms Hughes and a recommendation has been made.

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.

Ms Hughes 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?

The dental service's recruitment and selection procedures comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed, an enhanced AccessNI check should be obtained prior to the commencement of employment and a criminal conviction declaration should be obtained.

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 Ms Hughes confirmed that staff 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?

As discussed, recruitment and selection procedures need further development to ensure they demonstrate 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, these should be obtained prior to the commencement of employment.

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 Ms Hughes and 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.

A criminal conviction declaration should be obtained for new staff commencing employment and retained in staff personnel files.

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 Ms Claire Hughes, registered person, Mr Simon Welch, practice manager, one dental nurse and one trainee dental nurse.

Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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 evidence provided in the returned questionnaire and discussion with Ms Hughes indicated that complaints have 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 and discussion with Ms Hughes 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.

5.5.4 Registration Status

This practice was previously known as Waterside Dental Surgery. Ms Hughes notified RQIA that she had rebranded under the name Claire Hughes Dental effective from 6 November 2015.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Claire Hughes, registered person and Mr Simon Welch, practice 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 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(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			
Statutory Requirements			
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 7 December 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Protocol has been adjusted to ensure all AccessNI checks are completed and received before staff commence work.		
Recommendations			
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 7 December 2015	A criminal conviction declaration should be obtained for new staff commencing employment and retained in staff personnel files.		
	Response by Registered Person(s) Detailing the Actions Taken: A new application form is part of our recruitment process. As for our newest team member, there is a part concerning criminal record and if this is applicable that details need to be entered.		
Registered Manager Completing QIP	Dr Claire Hughes	Date Completed	1 February 2016
Registered Person Approving QIP	Dr Claire Hughes	Date Approved	1 February 2016
RQIA Inspector Assessing Response	Norma Munn	Date Approved	3 February 2016

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