

**Announced Care Inspection
of
Delicate Dental**

29 January 2016

1. Summary of Inspection

An announced care inspection took place on 29 January 2016 from 09:55 to 11:35. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The arrangements for recruitment and selection were generally found to be safe, effective and compassionate. An area for improvement has been 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 03 March 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	0	1

The details of the QIP within this report were discussed with Miss Rachele Crozier and Miss Monica O'Reilly, 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: Miss Rachele Crozier and Miss Monica O'Reilly	Registered Manager: Mrs Judena Fee
Person in Charge of the Practice at the Time of Inspection: Miss Rachele Crozier and Miss Monica O'Reilly	Date Manager Registered: 03 October 2014
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 Miss Rachele Crozier and Miss Monica O'Reilly, Registered Persons, Mrs Judena Fee, Registered Manager and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 03 March 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 03 March 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Review the legionella risk assessment and ensure that all recommendations made have been addressed and that control measures as outlined in the report have been implemented. Records should be retained for inspection.	Met
	Action taken as confirmed during the inspection: Review of the legionella risk assessment and additional documentation and discussion with Miss Crozier demonstrated that all recommendations made and control measures as outlined in the report have been addressed.	

Recommendation 2 Ref: Standard 13 Stated: First time	<p>The DAC Universal logbook should be further developed to ensure that it fully reflects the periodic testing regime for a washer disinfectant and an S Type steam steriliser.</p> <p>This includes undertaking and recording the details of the daily automatic control test (ACT), details of the daily steam penetration test and a weekly protein residue test.</p> <hr/> <p>Action taken as confirmed during the inspection: Templates have been developed to record the periodic test results for the DAC Universal. Review of completed templates and discussion with a dental nurse demonstrated that the periodic testing regime includes the periodic tests for a washer disinfectant and an S Type steriliser.</p>	<p style="text-align: center;">Met</p>
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5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Miss Crozier and staff demonstrated 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 Miss Crozier, Miss O'Reilly and staff demonstrated 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. Miss O'Reilly 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. Review of medical emergency equipment demonstrated that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that portable suction and oropharyngeal airways in the various sizes were not available in the practice. Miss O'Reilly readily agreed to provide this equipment. Miss O'Reilly confirmed in an email, received on 12 February 2016 that this equipment is now available in the practice. Miss Crozier confirmed that an automated external defibrillator (AED) is not available in the practice. However, the practice has timely access to a community 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 Miss Crozier, Mrs Fee 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 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.

Miss Crozier, Miss O'Reilly and staff confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with Miss Crozier, Miss O'Reilly and staff and review of records demonstrated that this medical emergency was managed in keeping with best practice guidance.

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
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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 to be followed in regards to pre-employment checks. The amended policy is comprehensive and reflected best practice guidance.

One personnel file of a staff member recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- one written reference
- confirmation that the person is physically and mentally fit to fulfil their duties

It was observed that the file reviewed included one written reference; it did not include an employment history with an explanation of any gaps in employment (if applicable) or a criminal conviction declaration. These issues were discussed with Miss Crozier and Mrs Fee and a recommendation was made that staff personnel files for any staff recruited in the future should include all recruitment documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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 and finish dates. Miss Crozier and Mrs Fee are aware that this is a live document that should be kept up-to-date.

Miss Crozier and Miss O'Reilly are the only registered dental professionals who require individual professional indemnity cover. The indemnity certificates for Miss Crozier and Miss O'Reilly were not available for review. On 12 February 2016 copies of these indemnity certificates were submitted to RQIA. A review of the certificates 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 references are bona fide.

One personnel file was reviewed. It was noted that the 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Miss Crozier, Miss O'Reilly and Mrs Fee 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 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.

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 any staff recruited in the future must include all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements:	0	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 Miss Crozier and Miss O'Reilly registered persons, Mrs Fee, Registered Manager and two dental nurses. 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.

Comments included in submitted staff questionnaires are as follows:

- 'Exceptional patient care. Equipment is always looked after and any problems are promptly dealt with. Emergency service provided is a great idea and dentists work well to see any extra patients'
- 'Delicate Dental provides excellent patient care'
- 'I really enjoy working here because caring for patients takes priority. Lots of patients say how well looked after they feel here'
- 'Delicate Dental is a very nice place to work and all staff are friendly. All the patients receive excellent service and care'

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 Miss Crozier and Miss O'Reilly, 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 persons 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 persons 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 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 Ref: Standard 11.1	It is recommended that staff personnel files for any staff recruited in the future includes all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.
Stated: First time To be Completed by: 29 January 2016	Response by Registered Persons Detailing the Actions Taken: As per discussion with inspector, practice policy and procedures have been updated to reflect schedule 2. Any future staff recruitment will be in line with these regulations and personnel file templates have been ammended to reflect this. This will be reviewed on a regular basis to ensure ongoing changes are incorporated into staff recruitment.

Registered Manager Completing QIP	Judena Fee	Date Completed	19/02/16
Registered Person Approving QIP	Rachele Crozier	Date Approved	19/02/2016
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	22/02/2016

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