



The **Regulation** and
Quality Improvement
Authority

Blue Sky Dentistry
RQIA ID: 12213
28 Wellington Park
Belfast
BT9 6DL

Inspector: Norma Munn
Inspection ID: IN023341

Tel: 028 9068 7722

**Announced Care and Variation to Registration Inspection
of
Blue Sky Dentistry**

5 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 5 October 2015 from 09:50 to 13:30. The purpose of this inspection was to carry out the scheduled announced inspection on the focused themes and standards. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Mr Gavin Doherty, estates inspector, undertook an estates inspection in relation to the increase in dental surgeries at the same time. The report and findings of the estates inspection will be issued under separate cover. The variation to the registration in regards to the increase in the number of registered chairs from two to three was approved following this inspection.

On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be 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

No actions were required to be taken following the last care inspection on 8 September 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	3

The details of the QIP within this report were discussed with Ms Lynne Johnson, 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: Mr Rory McEnhill Mr Dermot Farquharson	Registered Manager: Mrs Ciara Rocks
Person in Charge of the Practice at the Time of Inspection: Ms Lynne Johnson, Practice Manager	Date Manager Registered: 17 February 2014
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2 increasing to 3 following this inspection

3. Inspection Focus

The inspection sought to review the arrangements in relation to the application of variation to increase the number of registered dental chairs from two to three.

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, complaints declaration and the submitted variation application.

During the inspection the inspector met with Ms Lynne Johnson, practice manager, one dental nurse and one 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 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 8 September 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 08 September 2014

As Above.

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Ms Johnson 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 Johnson 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 one oropharyngeal airway. An email was received by RQIA on 5 October 2015 confirming that the airway had been ordered. It was observed the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The dental nurse was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. 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 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.

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

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. One minor amendment was made to the policy following the inspection.

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received in two files;
- two written references in two files;
- details of full employment history, including an explanation of any gaps in employment in two files;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application in two files ;
- confirmation that the person is physically and mentally fit to fulfil their duties in two files; and
- evidence of professional indemnity insurance, where applicable.

In one of the files reviewed there was no evidence to show confirmation that the staff member was physically and mentally fit to fulfil their duties, that two written references had been obtained, details of full employment history had been recorded and there was no evidence that a criminal conviction declaration had been made by the applicant. The inspector discussed with Ms Johnson, Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which clearly states the information required in respect of employees.

The arrangements for enhanced AccessNI checks were reviewed. In two files reviewed it was evident that checks were received after commencement of employment. In one of the files reviewed there was no AccessNI check in place. This was discussed with Ms Johnson who agreed to apply for the enhanced Access NI check for the identified member of staff. An email was received by RQIA on 22 October 2015 to confirm that the enhanced AccessNI check for the identified staff member had been received.

A staff register was developed during the inspection 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 Johnson 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 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 qualifications, registrations and references are bona fide.

Three personnel files were reviewed. It was noted that one file contained a contract of employment/agreement and the other two files did not contain any contracts of employment/agreement. Discussion with Ms Johnson confirmed that staff had been provided with a contract of employment/agreement when they commenced work in the practice with the exception of two new staff who are self-employed. Ms Johnson is aware that all staff must have a contract of employment/agreement on file. Two files included a job description and one file did not have a job description in place.

Induction programme templates are in place relevant to specific roles within the practice. Discussion with two staff confirmed that an induction had taken place when they commenced employment. However, a record of the completed induction programme was not retained in one of the files reviewed.

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?

As previously discussed, an enhanced AccessNI check had not been undertaken in respect of one staff recently recruited since registration with RQIA. The importance of obtaining enhanced AccessNI checks to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Johnson.

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

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

Staff personnel files must contain all information as specified in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A record of inductions and copies of job descriptions should be retained in staff personnel files.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.

Number of Requirements:	1	Number of Recommendations:	3
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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 Johnson, practice manager, one dental nurse and one receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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 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 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 Variation to Registration

An application was submitted to RQIA by the registered persons, Mr Rory McEnhill and Mr Dermot Farquharson to vary the current registration of Blue Sky Dentistry. The application made was to increase the number of registered dental chairs from two to three. During the inspection Norma Munn, care inspector, and Gavin Doherty, estates inspector reviewed the arrangements in the practice in relation to the establishment of the third surgery. Findings of the estates inspection will be addressed under separate cover.

Statement of Purpose and Patient Guide

A review of the statement of purpose and patient guide confirmed that they reflect the current arrangements in the practice. Following the inspection the patient guide was updated to include the names of new staff employed in the practice.

Staffing

Discussion with Ms Johnson confirmed that one associate dentist, one dental hygienist and one dental nurse have been recently recruited in association with the additional dental chair.

Review of documentation evidenced that an enhanced AccessNI check was received for two new members of staff after commencement of employment. One member of staff did not have an enhanced AccessNI check on file. As previously stated, an email was received by RQIA on 22 October 2015 to confirm that the enhanced AccessNI check for the identified member of staff had been received.

Radiology

An intra-oral x-ray machine has been installed in the new surgery. Review of the radiation protection file evidenced that a critical examination of the x-ray unit had been undertaken by the appointed radiation protection advisor (RPA) and any recommendations made have been addressed. The local rules were on display.

Staff confirmed that the patient's medical history is checked and that consent is obtained prior to taking x-rays.

Environment

The inspectors undertook a tour of the new surgery which was maintained to a good standard of maintenance and décor. Discussion with the dental nurse confirmed that the waste bin observed would be removed and replaced with a foot operated or sensor controlled bin and a wall mounted soap dispenser would be installed at the hand washing basin prior to the surgery becoming operational.

An email was received by RQIA on 5 October 2015 confirming that the foot operated bin had been ordered and a further email was received on 22 October 2015 confirming that the soap dispenser had arrived.

Registration of the third dental chair was approved following this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Johnson, practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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

Statutory Requirements

Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First Third time To be Completed by: 5 October 2015	The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the future. Response by Registered Person(s) Detailing the Actions Taken: System in place to ensure compliance for any new staff.
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Recommendations

Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 5 October 2015	It is recommended that information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files of any new staff, including self-employed staff recruited. Response by Registered Person(s) Detailing the Actions Taken: System in place to ensure compliance.
Recommendation 2 Ref: Standard 11.3 Stated: First time To be Completed by: 5 October 2015	It is recommended that a record of induction and copies of job descriptions are retained in staff personnel files. Response by Registered Person(s) Detailing the Actions Taken: System in place to ensure compliance.
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 5 October 2015	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Response by Registered Person(s) Detailing the Actions Taken: System in place to ensure compliance.

Registered Manager Completing QIP	Ciara Rocks	Date Completed	27.10.15
Registered Person Approving QIP	Dr Rory McEnhill	Date Approved	30.11.15
RQIA Inspector Assessing Response	Norma Munn	Date Approved	1/12/15

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