

**Announced Care Inspection
of
A E West Orthodontic Practice**

26 May 2015

1. Summary of Inspection

An announced care inspection took place on 26 May 2015 from 10.00 to 12.40. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. One outstanding issue from the previous inspection also needs to be addressed. 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 29 July 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	6

The details of the QIP within this report were discussed with Mr Alan West, 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 Alan West	Registered Manager: Mr Alan West
Person in Charge of the Practice at the Time of Inspection: Mr Alan West	Date Manager Registered: 15 September 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 Mr West, two dental nurses and one receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, contract of employment, and four 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 estates inspection dated 12 August 2014. All items in the completed QIP were confirmed as addressed by the estates inspector on 22 September 2014.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 29 July 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1 Stated: First time	<p>The patient guide should be further developed to include the following in keeping with regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005:</p> <ul style="list-style-type: none"> • The terms and conditions in respect of services to be provided for patients, including the amount and method of payment of charges for all aspects of their care; • A standard form of contract for the provision of services and facilities by the registered provider to patients; • A summary of the review of the quality of treatment completed in consultation with patients; • The address and telephone number of RQIA; and • Information on how the most recent RQIA report can be obtained. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The patient guide was reviewed. During the inspection Mr West appended the standard form of contract and summary of the patient satisfaction survey to the document to ensure that it fully complied with the legislation. To enable future proofing the inspector advised outlining within the patient guide where the patient satisfaction consultation report could be obtained rather than including it in the document.</p>	

Recommendation 2 Ref: Standard 15 Stated: First time	<p>The following issues in relation to safeguarding should be addressed:</p> <ul style="list-style-type: none"> • The safeguarding policy should be further developed to include the types and indicators of abuse and the contact details of the relevant persons for onward referral; and • Ensure arrangements are in place to deliver safeguarding training as outlined in The Minimum Standards for Dental Care and Treatment 2011. <p>Action taken as confirmed during the inspection: While some progress had been made, review of the safeguarding policy indicated that it needed further development regarding the types and indicators of abuse and the contact details for onward referral. The inspector provided guidance on the content of the policy.</p> <p>Review of training records confirmed that staff had received appropriate training in safeguarding children and vulnerable adults.</p>	<p>Partially Met</p>
Recommendation 3 Ref: Standard 8 Stated: First time	<p>A Freedom of Information publication scheme should be established.</p> <p>Ref: 7.4</p> <p>Action taken as confirmed during the inspection: Review of the Freedom of Information publication scheme confirmed this recommendation had been met.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 9 Stated: First time	Patient satisfaction consultation should be commenced and a report of the consultation made available to patients and referred to in the patient guide. Ref: 7.5	Met
	Action taken as confirmed during the inspection: Review of the patient satisfaction consultation confirmed this recommendation had been met. Advice was given regarding the patient guide as stated above.	
Recommendation 5 Ref: Standard 13 Stated: First time	The Infection Prevention Society HTM 01-05 audit tool which has been endorsed by the Department of Health should be completed and a subsequent action plan generated to address any deficits identified. Ref 7.6	Met
	Action taken as confirmed during the inspection: Review of the completed IPS HTM 01-05 audit tool confirmed that this recommendation had been met.	
Recommendation 6 Ref: Standard 12 Stated: First time	A procedure for the management of a medical emergency should be developed for the practice, and staff should be made aware of the procedure. Ref: 7.8	Met
	Action taken as confirmed during the inspection: Review of the procedure for the management of a medical emergency confirmed this recommendation had been met; however as part of this inspection a recommendation was made to further develop the policy for the management of medical emergencies.	

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with 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 Mr West 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 an automated external defibrillator (AED). As the practice is in premises in very close proximity to two local pharmacies Mr West discussed the possibility of approaching the pharmacies regarding sharing 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 staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the management of medical emergencies is safe.

Is Care Effective?

A policy for the management of medical emergencies was in place however the policy should be further developed to include the provision of equipment, emergency medication, checking procedures and reporting incidents to RQIA in line with the guidance on notifiable events. Mr West downloaded a copy of RQIA notifiable events guidance during the inspection from the RQIA website.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies and these were found to reflect best practice.

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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the management of medical emergencies is 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.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Advice and guidance should be sought from the practice medico-legal advisor in relation to the provision of an automated external defibrillator (AED). Any recommendations made should be addressed.

The policy for the management of medical emergencies should be further developed as outlined above.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was generally found to be comprehensive; however arrangements for obtaining AccessNI enhanced disclosure checks for new employees was not included.

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

- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- 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;
- evidence of professional indemnity insurance, where applicable.

Positive proof of identity, including a recent photograph, two written references, criminal conviction declaration and confirmation that the applicant is physically and mentally fit to fulfil their duties was not available within the personnel file reviewed. Mr West advised the inspector that he had received two written references for the applicant prior to commencing employment however he shredded them along with the AccessNI certificate. The inspector advised that all future references must be retained within the individual personnel files.

Discussion with Mr West confirmed the practice accepts Curriculum Vitae (CV) from applicants, review of the staff personnel file indicated that the CV did not provide the registered person with all the information required by The Independent Health Care Regulations (Northern Ireland) 2005. The inspector discussed Regulation 19 (2) Schedule 2 of the Regulations, which clearly states the information required in respect of employees and offered advice surrounding recruitment and selection procedures.

Mr West was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

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 West 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.

Overall 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?

The dental service's recruitment and selection procedures generally comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As previously stated some improvement is needed to ensure that all information required by legislation is retained in the personnel files of each employee. A recruitment and selection checklist based on the legislation was shared to help achieve this.

One personnel file was reviewed; however Mr West provided further examples of completed contracts of employment. Job descriptions were not available and advice was provided on the development of these.

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 Mr West and staff confirmed that staff have been provided with a contract of employment 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.

Overall 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?

Review of recruitment and selection procedures demonstrated generally good practice in line with legislative requirements, however as previously stated some improvement is required.

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.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

The recruitment and selection policy should be further developed to include arrangements for obtaining enhanced AccessNI disclosures.

Personnel files should contain all of the information required by legislation.

Job descriptions should be developed for the various roles within the practice.

Number of Requirements:	0	Number of Recommendations:	3
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr West, two dental nurses and one receptionist. The staff members spoke very positively regarding their employment at the practice, they felt supported by management and valued as part of the team. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA and five were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a contract of employment 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 the Regulation and Quality Improvement Authority (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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr West 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 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.

6.2 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 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	
Recommendations	
Recommendation 1 Ref: Standard 15 Stated: Second time To be Completed by: 26 August 2015	<p>The safeguarding policy should be further developed to include the types and indicators of abuse and the contact details of the relevant persons for onward referral.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: above carried out</p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 26 June 2015	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: above carried out</p>
Recommendation 3 Ref: Standard 12.1 Stated: First time To be Completed by: 26 August 2015	<p>It is recommended that the management of medical emergencies policy is further developed to include the provision of equipment, emergency medication, checking procedures and reporting incidents to RQIA in line with the guidance on notifiable events.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: above carried out</p>
Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 26 August 2015	<p>It is recommended that arrangements for obtaining AccessNI enhanced disclosure checks for new employees are included in the recruitment and selection policy and procedure.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: above carried out</p>

Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 26 May 2015	It is recommended that staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.		
	Response by Registered Person(s) Detailing the Actions Taken: above carried out		
Recommendation 6 Ref: Standard 11 Stated: First time To be Completed by: 26 August 2015	It is recommended that job descriptions are developed for each type of job role within the practice.		
	Response by Registered Person(s) Detailing the Actions Taken: above carried out		
Registered Manager Completing QIP		Alan West	Date Completed 29/06/2015
Registered Person Approving QIP		Alan West	Date Approved 29/06/2015
RQIA Inspector Assessing Response		Jo Browne	Date Approved 20/07/2015

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