



The Regulation and
Quality Improvement
Authority

Abbey Dental Clinic
RQIA ID: 11352
630 Shore Road
Whiteabbey
BT37 0ZS

Inspector: Emily Campbell
Inspection ID: IN21226

Tel: 028 9085 4014

**Announced Care Inspection
of
Abbey Dental Clinic**

14 April 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 14 April 2015 from 10.00 to 12.05. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. The arrangements for recruitment and selection were found to be generally safe, effective and compassionate. An application for variation should be submitted in respect of the relocation of one dental surgery. 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) Regulation 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 requirements or recommendations were made during the previous care inspection on 24 July 2014 and there were no further actions required to be taken.

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	3

The details of the QIP within this report were discussed with Miss Grainne McCloskey, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Responsible Individual: Miss Grainne McCloskey	Registered Manager: Miss Grainne McCloskey
Person in Charge of the Practice at the Time of Inspection: Miss Grainne McCloskey	Date Manager Registered: 14 May 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 McCloskey, responsible individual, the lead dental nurse and a dental nurse/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 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 24 July 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 24 July 2015

As above.

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 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. 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 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.

Overall on the day of the inspection the arrangements for managing a medical emergency within the practice 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.

Overall 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 Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.3 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. A minor amendment was made to the policy which was emailed to the inspector on the afternoon of the inspection. The policy was comprehensive reflecting best practice guidance.

Three personnel files of staff recruited since registration with RQIA were examined. One file was in respect of a staff member currently being recruited. The following was noted:

- positive proof of identity, including a recent photograph was not available in any files;
- an enhanced AccessNI check was received in respect of the most recent staff member currently being recruited and due to commence work in the practice in June 2015. Checks in respect of the other two staff were received after the date they commenced work;
- two written references in respect of one staff member, Miss McCloskey advised that verbal references were obtained in respect of other staff;
- 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;
- no criminal conviction declarations by any applicants;
- confirmation of physical and mental health; and
- evidence of professional indemnity insurance, where applicable.

Miss McCloskey provided assurances that although two staff had commenced work prior to the receipt of an enhanced AccessNI checks, arrangements had been established for these to be carried out and received prior to employment in respect of any other new staff, as evidenced in the most recent recruitment.

A staff register was not retained detailing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Miss McCloskey 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. Miss McCloskey confirmed that evidence of professional indemnity insurance would be obtained in respect of the new associate dentist on commencement of employment in June 2015.

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 comply with all relevant legislation including checks to ensure qualifications and registrations are bona fide. However, written references were only obtained in respect of the most recently recruited staff member.

Three personnel files were reviewed. It was noted that each file included a job description, however, although Miss McCloskey confirmed that all staff are issued with contracts of employment, a copy of these are not retained in the practice.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one induction programme evidenced that induction programmes are completed when new staff join the practice.

Discussion with staff confirmed that they have been provided with a job description, 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 good practice in line with legislative requirements, with the exception of the issues previously identified.

Further development is needed in relation to recruitment and selection procedures to minimise the opportunity for unsuitable people to be recruited in the practice. The inspector re-iterated that although an enhanced AccessNI check had been obtained for the most recently recruited staff member prior to commencement of employment, this principle must be applied in respect of all newly recruited staff.

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 generally found to be compassionate.

Areas for Improvement

Ensure recruitment and selection procedures reflect best practice guidance.

Establish a staff register.

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

5.4 Additional Areas Examined

5.4.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with the lead dental nurse and a dental nurse/receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight 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 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.

5.4.2 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 no complaints have been received by the practice between 01 January 2014 to 31 March 2015.

5.4.3 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 the Regulation and Quality Improvement Authority (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 two most recent patient satisfaction reports demonstrated that the practice proactively 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.

5.4.4 Relocation of Dental Surgery

Miss McCloskey informed RQIA, prior to the inspection that she intended to relocate a dental surgery to a vacant room within the practice. There will be no change to the number of dental chairs registered. Review of the new surgery evidenced that it had been finished to a high standard of décor and refurbishment, and appropriately equipped. A new intra-oral x-ray unit had been installed and a critical examination has been undertaken although the report has not yet been received. Miss McCloskey is to make arrangements to liaise with the radiation protection advisor in relation to the new x-ray unit and ensure that the local rules are updated.

Miss McCloskey was advised that an application for variation should be submitted in respect of the relocation of the surgery and the relevant application and associated information were emailed to her on 24 April 2015.

A recommendation was made to submit application for minor variation in respect of the relocation of the identified dental surgery. In addition, a copy of the critical examination of the x-ray unit and confirmation that the local rules have been updated should be submitted to RQIA.

5.4.5 Registered Person Absence

Miss McCloskey is going on extended leave in June 2015 and is aware of the need to inform RQIA of the details of the cover arrangements in her absence. Miss McCloskey will continue to oversee the running of the practice during her absence; however, she has identified a named individual who will manage the practice on a day to day basis during her absence. A registered manager absence notification form was emailed to Miss McCloskey on 24 April 2014.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Grainne McCloskey, responsible individual, 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 may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. 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/manager 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/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 12 May 2015</p>	<p>It is recommended that recruitment and selection procedures should be further developed to ensure the following are obtained and details retained in staff personnel files on recruitment of new staff:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check is undertaken and received prior to commencing work in the practice; • two written references, one of which should be from the current/most recent employer; • criminal conviction declarations on application; and • a copy of the staff member's contract. <p>Positive proof of identity, including a recent photograph, should be obtained in respect of staff employed since registration of the practice with RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: HR files updated to reflect the above comments</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 12 May 2015</p>	<p>It is recommended that a staff register is developed and retained containing details of all staff, including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <p>Response by Registered Manager Detailing the Actions Taken: register developed and retained as requested</p>
<p>Recommendation 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be Completed by: 12 May 2015</p>	<p>It is recommended that an application for minor variation in respect of the relocation of the identified dental surgery should be submitted to RQIA.</p> <p>A copy of the critical examination of the x-ray unit and confirmation that the local rules have been updated should be submitted to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Minor variation form submitted 5th May 2015 with respect to the new surgery. Henry Schein contacted for critical report and Estelle Walker contacted for review of local rules, as of yet no return of critical report - to be forwarded when received</p>

Registered Manager Completing QIP	Grainne McCloskey	Date Completed	07/05/2015
Registered Person Approving QIP	Grainne McCloskey	Date Approved	07/05/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	08/05/2015

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

Please provide any additional comments or observations you may wish to make below: