



The **Regulation and
Quality Improvement
Authority**

**Belmont Orthodontics
RQIA ID: 11388
98 Belmont Road
Belfast
BT4 2AP**

**Inspector: Emily Campbell
Inspection ID: IN021726**

Tel: 028 9065 6666

**Announced Care Inspection
of
Belmont Orthodontics**

20 May 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 20 May 2015 from 09.50 to 12.00. Overall on the day of the inspection the management of medical emergencies were found to be safe, effective and compassionate. Recruitment and selection were 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

No actions were required to be taken following the last care inspection on 18 June 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 the Ms Grainne O'Regan, registered person and Ms Adrienne Cooke, 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 Grainne O'Regan Mr Paul Clifford	Registered Manager: Ms Grainne O'Regan
Person in Charge of the Practice at the Time of Inspection: Ms Grainne O'Regan Mr Paul Clifford	Date Manager Registered: 25 January 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 5

3. Inspection Focus

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 Ms Grainne O'Regan, registered person, Ms Adrienne Cooke, practice manager, three dental nurses and a receptionist. The inspector also had a brief discussion with Mr Paul Clifford, registered person.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and six 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 18 June 2014. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 18 June 2014

As above.

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 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of an automated external defibrillator (AED). Ms O'Regan and Ms Cooke confirmed that an AED had been ordered and that staff training in its use would be provided when this is received and the appropriate protocol will be updated to reflect the new arrangements. A system is in place to monitor the expiry dates of emergency medicines and equipment, however, oropharyngeal airways were observed to be out of date and these had not been included in the monthly checklist. Ms Cooke confirmed by email on 09 June 2015, that airways had been replaced and had been included in the monthly checklist. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Ms O'Regan 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 generally 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. As discussed the cardiac emergencies protocol will be updated to reflect the new arrangements associated with the provision of an AED.

Discussion with Ms O'Regan 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 O'Regan 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 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.

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

- positive proof of identity, including a recent photograph;
- 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 on application;
- confirmation that the person is physically and mentally fit to fulfil their duties;
- evidence of professional indemnity insurance, where applicable;
- evidence that an enhanced AccessNI check was received, however, this was after commencement of employment; and
- two written references in one file and one written reference in the other file. Ms Cooke confirmed that attempts had been made to obtain a second reference.

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 Cooke 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 that recruitment and selection procedures are safe.

Is Care Effective?

The dental service's recruitment and selection procedures in general comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As identified above, enhanced AccessNI checks were not received prior to employment in the two files reviewed and only one written reference was obtained in respect of one staff member.

Two 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Cooke, three dental nurses and a receptionist 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 Ms Cooke and 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 that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of written recruitment and selection procedures demonstrated good practice in line with legislative requirements. As discussed, issues were identified regarding the timing of AccessNI checks and obtaining written references.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. The matter of enhanced AccessNI checks not being received prior to the commencement of work in respect of the two staff files reviewed was discussed. Ms Cooke confirmed that the staff members had been employed during a time when there were extreme staff shortages and in order not to disrupt patient care, staff were employed and individual risk assessments had been undertaken in respect of the staff. Copies of the risk assessments were available in the files reviewed. Ms O'Regan and Ms Cooke are aware of the need to ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new 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.

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

Areas for Improvement

Ensure enhanced AccessNI checks are undertaken and received prior to commencement of employment.

Obtain two written references for any newly recruited staff.

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 O'Regan and Mr Clifford registered persons, the practice manager, three dental nurses and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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 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. The summary of the most recent patient satisfaction survey was on display in the waiting area.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Grainne O'Regan, registered person and Ms Adrienne Cooke, 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/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 time To be Completed by: 20 May 2015	<p>The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Enhanced AccessNI checks will now be carried out prior to the commencement of employment - this is reflected in our recruitment policy</p>
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Recommendations

Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 20 May 2015	<p>It is recommended that two written references are obtained and retained in staff files for any newly recruited staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We will endeavor to obtain two written references for all newly recruited staff - these will be retained in their employment files - this is reflected in our recruitment policy.</p>
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Registered Manager Completing QIP	Grainne O'Regan	Date Completed	12/06/2015
Registered Person Approving QIP	Grainne O'Regan	Date Approved	12/06/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	16.6.15

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: