



The **Regulation** and
Quality Improvement
Authority

Aughnacloy Dental Practice
RQIA ID: 11458
139 Moore Street
Aughnacloy
BT69 6AR

Inspector: Emily Campbell
Inspection ID: IN023599

Tel: 028 8555 7275

**Announced Care Inspection
of
Aughnacloy Dental Practice**

10 February 2016

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 10 February 2016 from 9.50 to 12.30. On the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. Further development is needed to ensure that the management of recruitment and selection is 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 August 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	5

The details of the QIP within this report were discussed with Mr Denis Kelly, 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 Denis Kelly	Registered Manager: Mr Denis Kelly
Person in Charge of the Practice at the Time of Inspection: Mr Denis Kelly	Date Manager Registered: 05 November 2012
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 Mr Denis Kelly, registered person, an associate dentist, a hygienist, three dental nurses and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 12 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 12 August 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 25 (2) (a) Stated: First time	Investigate the root cause of the mould in the identified surgery; and undertake remedial works to correct the cause. On completion of works the identified surgery should be redecorated. Action taken as confirmed during the inspection: Mr Kelly confirmed that some works have been carried out to correct the mould in the identified surgery. The associate dentist confirmed this has significantly improved since the works were carried out and Mr Kelly confirmed he will keep this matter under review.	Met
Last Inspection Recommendations		Validation of

		Compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	Results of the daily automatic control test for both the vacuum and non-vacuum sterilisers should be recorded.	Met
	Action taken as confirmed during the inspection: Review of the steriliser logbooks and discussion with a dental nurse confirmed this recommendation has been addressed.	
Recommendation 2 Ref: Standard 13 Stated: First time	The damaged dentist's stool in the identified surgery should be reupholstered.	Met
	Action taken as confirmed during the inspection: Observations made and discussion with staff confirmed this recommendation has been addressed.	
Recommendation 3 Ref: Standard 13 Stated: First time	In the interests of infection prevention and control the following issues should be addressed: <ul style="list-style-type: none"> • porous notice boards should be removed from clinical areas; and • fabric covered chairs should be removed from clinical areas. 	Met
	Action taken as confirmed during the inspection: Observations made in the dental surgeries evidenced that this recommendation has been addressed.	
Recommendation 4 Ref: Standard 13 Stated: First time	The practice of decanting liquid soap and alcohol gel/rub into pump dispensers should cease immediately.	Met
	Action taken as confirmed during the inspection: Discussion with a dental nurse confirmed that the practice of decanting liquids has ceased.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Kelly 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 Mr Kelly 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of an automated external defibrillator (AED). Mr Kelly advised that the medical centre nearby has an AED, however, no arrangements have been established regarding access to this by the practice. A recommendation was that consideration should be given to the provision of 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 Mr Kelly 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 generally found to be safe.

Is Care Effective?

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, there is no overarching policy for the management of medical emergencies. A recommendation was made in this regard.

Discussion with Mr Kelly 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 Mr Kelly 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 generally 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 Mr Kelly and 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

An overarching policy for the management of medical emergencies, reflective of best practice guidance, should be developed.

Consideration should be given to the provision of an AED. Advice and guidance should be sought from the medico-legal advisor in this regard.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

The recruitment policy lacked detail and only provided an outline of what to consider when recruiting. A recommendation was made that a recruitment policy should be developed which is comprehensive and reflective of best practice guidance.

Personnel files for each member of staff have not been developed. Information pertaining to the recruitment of two staff recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence of current GDC registration, where applicable
- evidence of professional indemnity insurance, where applicable

The following information was not available in records reviewed:

- two written references, Mr Kelly advised that he had taken up verbal references, however, there were no records available of these
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- criminal conviction declaration; and
- confirmation that the person is physically and mentally fit to fulfil their duties

A recommendation was made that the above information is obtained and retained in respect of any new staff recruited as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A recommendation was also made that individual staff personnel files should be developed and should contain details pertaining to the recruitment process, induction records and contracts of employment/agreement.

There was no evidence to confirm that an enhanced AccessNI check was received prior to commencement of employment in respect of the two staff records reviewed. Mr Kelly and one of the identified staff members confirmed that an AccessNI disclosure had been undertaken and received. It was agreed that this staff member would provide their enhanced AccessNI record to Mr Kelly for the relevant information to be recorded. Mr Kelly confirmed that the check in respect of the second staff member was one which had been undertaken by another establishment. Mr Kelly was advised that enhanced AccessNI checks are not portable.

A requirement was made that an enhanced AccessNI check should be undertaken in respect of the identified staff member and that enhanced AccessNI checks should be undertaken and received prior to the commencement of employment of any new staff recruited, including self-employed staff. Information should be retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check in keeping with AccessNI's code of practice.

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. Mr Kelly is aware this is a live document which should be kept updated.

Mr Kelly 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 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?

As discussed, the practice's 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.

Staff spoken with confirmed they were provided with a job description and received induction training on commencing work in the practice. Staff confirmed they had contracts of employment, with the exception of one employed staff member and two self-employed staff. Mr Kelly advised that he is taking steps to address this. Templates of contracts were available, however, there were no signed contracts of employment/agreement available for review. Induction programme templates are in place relevant to specific roles within the practice, however, completed induction records were not retained in respect of records reviewed. As discussed previously a recommendation was made that staff personnel files should be developed and copies of contracts of employment/agreement and induction records should be retained in these.

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 discussed, recruitment and selection procedures need further development to demonstrate 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. As discussed a requirement was made regarding obtaining enhanced AccessNI checks.

Discussion with Mr Kelly and 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 Mr Kelly and 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 generally found to be compassionate.

Areas for Improvement

An enhanced AccessNI check should be undertaken in respect of the identified staff member. Enhanced AccessNI check should be undertaken and received prior to the commencement of employment of any new staff recruited, including self-employed staff. Information pertaining to checks should be retained in keeping with AccessNI's code of practice.

A recruitment policy should be developed which is comprehensive and reflective of best practice guidance.

Individual staff personnel files should be developed and should contain details pertaining to the recruitment process, induction records and contracts of employment/agreement.

Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited.

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 Mr Kelly, an associate dentist, a hygienist, 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.

Staff who submitted questionnaires confirmed that they were provided with a job description and contract of employment/agreement on commencing work in the practice. As discussed previously some staff spoken with advised they did not have contracts of employment/agreement and Mr Kelly confirmed he is addressing this. Staff 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 submitted patient satisfaction report was not dated and Mr Kelly confirmed that this had been undertaken recently. Mr Kelly was advised that future patient satisfaction reports should be dated and it was also suggested that comments provided by patients should be included.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Denis Kelly, registered person, 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.

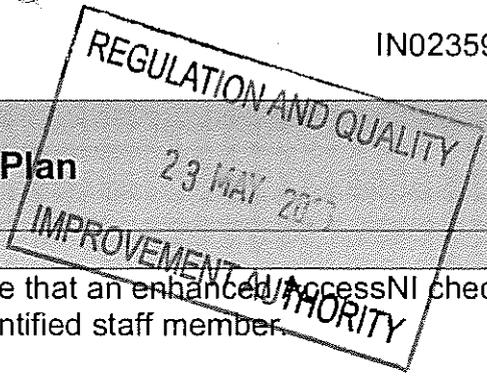
6.2 Recommendations

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: 10 March 2016

The registered person must ensure that an enhanced AccessNI check is undertaken in respect of the identified staff member.
Enhanced AccessNI check should be undertaken and received prior to the commencement of employment of any new staff recruited, including self-employed staff.
Information should be retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check in keeping with AccessNI's code of practice.

Response by Registered Person(s) Detailing the Actions Taken:
An enhanced Access NI check has been undertaken in respect of the part-time hygienist identified.

Recommendations

Recommendation 1
Ref: Standard 12.1
Stated: First time
To be Completed by: 10 May 2016

An overarching policy for the management of medical emergencies, reflective of best practice guidance, should be developed.
Response by Registered Person(s) Detailing the Actions Taken:
An overarching policy for the management of medical emergencies has been developed in collaboration with our medical emergencies training provider in advance of our next training date which is on 25/5/16.

Recommendation 2
Ref: Standard 12.4
Stated: First time
To be Completed by: 10 May 2016

Consideration should be given to the provision of an automated external defibrillator (AED). Advice and guidance should be sought from the medico-legal advisor in this regard.
Response by Registered Person(s) Detailing the Actions Taken:
Consideration has been given to provision of an AED. Costs have been explored and further consideration will be given towards a decision at our forthcoming medical emergencies training day. We have also consulted with our medico-legal advisor.

Recommendation 3
Ref: Standard 11.1
Stated: First time
To be Completed by: 10 May 2016

A recruitment policy should be developed which is comprehensive and reflective of best practice guidance.
Response by Registered Person(s) Detailing the Actions Taken:
Our existing recruitment guidance policy has been further developed and this is something which we will continue to review.

<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 10 May 2016</p>	<p>Individual staff personnel files should be developed and should contain details pertaining to the recruitment process, induction records and contracts of employment/agreement.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>This was covered on the inspection day and exists as a live document in the form of a staff register. Individual folders have also been developed for each member of staff and this policy will be continued for new staff.</i></p>
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<p>Recommendation 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 10 March 2016</p>	<p>Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited and should include the following:</p> <ul style="list-style-type: none"> • two written references, one of which should be from the current/most recent employer • details of full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable • criminal conviction declaration • confirmation that the person is physically and mentally fit to fulfil their duties
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Response by Registered Person(s) Detailing the Actions Taken:

This is now adopted for new staff members as discussed with the inspector on the day of inspection and will also be used for existing staff.

Registered Manager Completing QIP	DEWIS KELLY	Date Completed	24/5/16
Registered Person Approving QIP	DEWIS KELLY	Date Approved	20/5/16
RQIA Inspector Assessing Response		Date Approved	

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

These will be date recorded

Deirdre Kelly, 20/5/16



RQIA Inspector Assessing Response	Emily Campbell	Date Approved	23.5.16
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