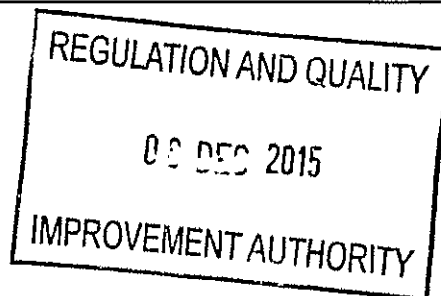


The Regulation and
Quality Improvement
Authority

Railway Dental Care
RQIA ID: 11510
9 Railway Street
Strabane
BT82 8EG

Inspector: Stephen O'Connor
Inspection ID: IN023385

Tel: 028 71 382750



**Announced Care Inspection
of
Railway Dental Care**

28 October 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 28 October 2015 from 09:55 to 11:35. 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. A recommendation from the previous inspection in regards to the radiation protection report could not be assessed and this recommendation has been carried forward for review during the next inspection. 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 13 January 2015.

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	2	7

The details of the QIP within this report were discussed with Mr Gordon Kennedy, 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 Gordon Kennedy	Registered Manager: Mr Gordon Kennedy
Person in Charge of the Practice at the Time of Inspection: Mr Gordon Kennedy	Date Manager Registered: 04 March 2013

Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 1
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Railway Dental Care has two dental chairs. The practice is registered with RQIA for one dental chair which is used for private and NHS dental treatment, the second dental chair is not operational.

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 Gordon Kennedy, registered person and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file 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 care inspection dated 13 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 13 January 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8 Stated: First time	A report detailing the findings of the patient satisfaction survey should be generated and made available to patients and other interested parties. A copy of the survey report should be retained in the practice for inspection.	Met

	<p>Action taken as confirmed during the inspection: Review of documentation demonstrated that a report detailing the findings of the patient satisfaction surveys has been generated. The report was dated June 2015 and Mr Kennedy confirmed that the report is available to patients and other interested parties.</p>	
<p>Recommendation 2 Ref: Standard 8.3 Stated: First time</p>	<p>Recommendations made in the radiation protection advisor (RPA) report dated August 2012 must be signed and dated by the radiation protection supervisor (RPS) to confirm they have been addressed.</p> <p>Action taken as confirmed during the inspection: Mr Kennedy confirmed that all recommendations made in the RPA report dated August 2012 have been actioned. Mr Kennedy stated that the RPA report and additional documentation had been posted to the RPA for review. Therefore compliance with this recommendation could not be assessed and the recommendation has been carried forward for review at the next inspection.</p>	<p>Unable to access compliance</p>
<p>Recommendation 3 Ref: Standard 13 Stated: Second time</p>	<p>Further develop the ventilation system in the decontamination room to include the provision of make-up air in keeping with best practice as outlined in HTM 01-05.</p> <p>Action taken as confirmed during the inspection: Mr Kennedy confirmed that he sought advice and guidance from representatives in the Health Estates Department at the Department of Health in regards to the ventilation system in the decontamination room and that recommendations made have been actioned. It was observed that make-up air has been provided in the decontamination room.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 13	The results of the Infection Prevention Society (IPS) audit tool should be available in the practice for review.	
Stated: First time	Action taken as confirmed during the inspection: Review of electronic records confirmed that the IPS audit tool was completed on 27 October 2015. Mr Kennedy is aware that the IPS audit tool should be completed every six months in keeping with HTM 01-05.	Met

5.3 Medical and other emergencies

Is Care Safe?

Mr Kennedy confirmed that the management of medical emergencies is discussed during induction of new staff and that training is updated. Review of documentation demonstrated that the most recent occasion staff completed the management of medical emergencies refresher training was during July 2013. This was discussed with Mr Kennedy who confirmed that refresher training had been scheduled; however the external organisation facilitating the training had rescheduled the training on at least on two separate occasions. Mr Kennedy also confirmed that refresher training has been scheduled for the 19 November 2015.

Discussion with Mr Kennedy 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). It was observed that Glucagon had exceeded its expiry date. This was brought to the attention of Mr Kennedy who confirmed that it would be replaced immediately. It was also observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr Kennedy 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.

Review of emergency equipment evidenced that some equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. A pocket mask with oxygen port, portable suction and oropharyngeal airways in the various sizes were not available in the practice. Mr Kennedy also confirmed that the practice does not have an automated external defibrillator (AED) or arrangements established to access a community AED in a timely manner.

Discussion with Mr Kennedy and staff demonstrated that the expiry dates of emergency medicines are checked on a quarterly basis. As discussed previously it was identified that Glucagon had exceeded its expiry date. Mr Kennedy was advised that a robust checking procedure should be established. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Kennedy 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 it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. A protocol on the management of cardiac emergencies was available for staff reference. However, protocols outlining the local procedure for dealing with anaphylaxis, asthma, epileptic seizures, hypoglycaemia and syncope as recommended in the BNF have not been established.

Discussion with Mr Kennedy 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.

Mr Kennedy confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with Mr Kennedy and staff evidenced that the medical emergency was managed in accordance with best practice guidance. Mr Kennedy confirmed that the medical emergency was documented in the patient's clinical notes. It was not however documented in the practice accident/incident book. Mr Kennedy was advised that medical emergencies should be recorded in the practice accident/incident book.

On the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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 Kennedy 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

Robust arrangements should be established to ensure that medical emergency refresher training is provided on an annual basis in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Confirmation that staff have completed refresher training in medical emergencies should be forwarded to RQIA.

A robust system to check the expiry dates of emergency medicines must be established. Records of expiry date checks must be retained. The expired Glucagon must be replaced.

A pocket mask with oxygen port, portable suction and oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) should be provided.

Mr Kennedy should consult with his medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.

Protocols outlining the local procedure for dealing with the various medical emergencies as outlined in the BNF should be established and shared with staff.

Number of Requirements:	1	Number of Recommendations:	4
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5.4 Recruitment and selection

Is Care Safe?

Mr Kennedy confirmed that a recruitment policy and procedure has not been established.

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

- evidence that an enhanced AccessNI check was received;
- evidence of current GDC registration;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance.

The file did not include positive proof of identity, including a recent photograph, two written references, details of full employment history, including an explanation of any gaps in employment if applicable, documentary evidence of qualifications or a criminal conviction declaration by the applicant. Mr Kennedy was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Mr Kennedy is aware that the staff register is a live document and should be kept up-to-date.

Mr Kennedy 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.

One personnel file was reviewed. The file did not contain a contract of employment/agreement or a job description. Mr Kennedy confirmed that all staff have a contract of employment and that job descriptions have not been developed.

Mr Kennedy confirmed that newly recruited staff do have an induction to the practice, however a records of the topics discussed during induction are not retained.

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 that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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. Mr Kennedy is aware of the procedure for undertaking AccessNI checks and how checks should be handled.

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

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.

A comprehensive recruitment policy and procedure reflecting best practice guidance should be developed.

A formal induction programme and job descriptions for the different designated roles in the practice should be developed.

Contracts/agreements of employment should be retained in staff personnel files.

Number of Requirements:	1	Number of Recommendations:	2
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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 Gordon Kennedy, registered person and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. One was returned to RQIA within the timescale required.

Review of the submitted questionnaire 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gordon Kennedy, 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 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 RQIA's office 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

Statutory Requirements

Requirement 1
Ref: Regulation 15 (6)
Stated: First time
To be Completed by:
 04 November 2015

The registered person must address the following issues in relation to emergency medicines:

- a robust system to check the expiry dates of emergency medicines must be established;
- records of expiry date checks must be retained; and
- the expired Glucagon must be replaced.

Response by Registered Person Detailing the Actions Taken:

REQUIREMENT ADDRESSED
 (GLUCAGON REPLACED WITH
 IMMEDIATE EFFECT.)

Requirement 2

Ref: Regulation 19 (2)
 (d)

Stated: First time

To be Completed by:
 28 October 2015

The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.

Response by Registered Person Detailing the Actions Taken:

REQUIREMENT ADDRESSED .

Recommendations

Recommendation 1

Ref: Standard 8.3

Stated: First time

To be Completed by:
 28 November 2015

Carried forward for review at the next inspection. Recommendations made in the radiation protection advisor (RPA) report dated August 2012 must be signed and dated by the radiation protection supervisor (RPS) to confirm they have been addressed.

Response by Registered Person Detailing the Actions Taken:

RECOMMENDATION ADDRESSED .

<p>Recommendation 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be Completed by: 28 November 2015</p>	<p>It is recommended that robust arrangements are established to ensure that medical emergency refresher training is provided on an annual basis in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Confirmation that staff have completed refresher training in medical emergencies should be forwarded to RQIA.</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 28 November 2015</p>	<p>It is recommended that a pocket mask with oxygen port, portable suction and oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) are provided.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 28 December 2015</p>	<p>It is recommended that Mr Kennedy consult with his medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 28 November 2015</p>	<p>It is recommended that protocols are developed for staff reference outlining the local procedure for dealing with anaphylaxis, asthma, epileptic seizures, hypoglycaemia and syncope as recommended in the BNF. Once developed the protocols should be shared with staff.</p>
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>RECOMMENDATION ADDRESSED.</p>
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>RECOMMENDATION ADDRESSED</p>
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>RECOMMENDATION ADDRESSED</p>
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>RECOMMENDATION ADDRESSED.</p>

<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 28 December 2015</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • advertising and application process; • shortlisting, interview and selection process; • issuing of job description and contracts/agreements; • employment checks including two written references; • exploration of employment history including any gaps in employment; • pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties; • arrangements for obtaining an enhanced AccessNI check; and • evidence of professional qualifications and GDC registration if applicable. 		
<p>Recommendation 7</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 28 December 2015</p>	<p>It is recommended that the following issues in relation to induction and recruitment are addressed:</p> <ul style="list-style-type: none"> • a formal induction programme should be developed and records of induction retained; • job descriptions for the various roles in the practice should be developed and staff should be provided with a copy of their job description's; and • contracts/agreements of employment should be retained in staff personnel files. 		
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p style="text-align: center;">RECRUITMENT POLICY ESTABLISHED.</p>		
<p>Registered Manager Completing QIP</p>	<p><i>G. Vernon</i></p>	<p>Date Completed</p>	<p>03/12/15</p>
<p>Registered Person Approving QIP</p>	<p><i>G. Vernon</i></p>	<p>Date Approved</p>	<p>03/12/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>STEPHEN O'CONNOR.</p>	<p>Date Approved</p>	<p>09/12/15</p>

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