



The Regulation and
Quality Improvement
Authority

Orchard Family Dental
RQIA ID: 11540
62 Catherine Street
Limavady
BT49 9DB

Inspector: Stephen O'Connor
Inspection ID: IN023401

Tel: 028 77 722464

**Announced Care Inspection
of
Orchard Family Dental**

18 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 18 January 2016 from 09:50 to 11:55. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was generally found to be safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

It was identified during this inspection that a fifth dental surgery has been established. Although this surgery is fully equipped it is not yet operational. Additional information in this regard can be found in section 5.5.4 of 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 11 February 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	1	2

The details of the QIP within this report were discussed with Miss Stephanie Desmond, 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: Miss Stephanie Desmond	Registered Manager: Miss Stephanie Desmond
Person in Charge of the Practice at the Time of Inspection: Miss Stephanie Desmond	Date Manager Registered: 14 June 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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 Miss Stephanie Desmond, Registered Person, an associate dentist and a dental nurse.

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 follow-up dated 11 February 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection Follow-up dated 11 February 2015

As above.

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Miss Desmond 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 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 the format of buccal Midazolam available was not in keeping with the Health and Social Care Board (HSCB) guidance. Miss Desmond was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. Review of medical emergency equipment evidenced that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that portable suction and oropharyngeal airways in various sizes were not available. This was discussed with Miss Desmond who readily agreed to provide this equipment. On 4 February 2016 Miss Desmond provided confirmation that this equipment had been purchased. 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.

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.

Miss Desmond confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with Miss Desmond and staff evidenced that this medical emergency had been managed in accordance with best practice guidance.

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 amended during the inspection to include the arrangements for undertaking and receiving enhanced AccessNI checks, the procedure for obtaining and reviewing employment histories and the procedure for retaining a copy of successful applicant's professional qualifications. The amended policy is comprehensive and reflected best practice guidance.

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment in one file;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. It was observed that one file included evidence that an enhanced AccessNI check had been received prior to commencement of employment. However, one file included evidence that a basic AccessNI had been received prior to the staff member commencing employment, and one file included evidence that an enhanced AccessNI check had been received after the staff member commenced employment. These issues were discussed with Miss Desmond and a requirement has been made to address them. It was also observed that the original AccessNI checks had been retained. This is not in keeping with the AccessNI Code of Practice and a recommendation has been made to address this.

It was identified that the staff personnel files reviewed did not include two written references. This was discussed with Miss Desmond who confirmed that she had sought verbal references. Miss Desmond was advised that staff personnel files should include two written references, one of which should be from the persons current or recent employer in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Miss Desmond was advised that should she obtain verbal references in the future this should be documented. A recommendation has been made in regards to obtaining references for new staff who commence employment in the future.

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. Miss Desmond is aware that this is a live document that should be kept up-to-date.

Miss Desmond 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.

Three 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 three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Miss Desmond 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 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?

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. As previously stated, issues were identified in relation to AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Miss Desmond.

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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

An enhanced AccessNI check must be undertaken for the identified staff member. Enhanced AccessNI checks must be received prior to any new staff commencing work in the practice.

Two written references, one of which should be from the persons current or most recent employer should be retained in staff personnel files for any staff recruited in the future.

AccessNI checks must be handled in keeping with the AccessNI Code of Practice.

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 Miss Desmond, registered person, an associate dentist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Ten 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.

A comment included in a submitted questionnaire is as follows:

- “I believe we offer an excellent quality of care for our patients, many of which have been attending for many years as they realise we care for them”

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. Review of documentation, discussion with Miss Desmond and 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.

5.5.4 Registration Issues

Miss Desmond confirmed that a fifth dental surgery has recently been established on the ground floor of the practice and that although this surgery is fully equipped it is not yet operational. Miss Desmond was advised that a variation to registration application to increase the number of registered dental surgeries from four to five must be submitted to RQIA. Miss Desmond was also advised that the fifth dental surgery cannot be used to provide private dental care and treatment until such times as it is registered. Following this inspection the variation to registration application documentation was issued to Miss Desmond. A full and complete variation to registration application including fees payable was submitted to RQIA on 29 January 2016. A variation to registration inspection has been arranged for 26 February 2016.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Stephanie Desmond, 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 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 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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 01 February 2016</p>	<p>The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken for the identified staff member; and • enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>Enhanced AccessNI check has been undertaken for the identified staff member. This check was issued on 1/2/16.</p> <p>All new future staff members will have enhanced checks undertaken and received prior to commencing work.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 18 January 2016</p>	<p>It is recommended that two written references, one of which should be from the persons current or most recent employer are retained in staff personnel files for any staff recruited in the future.</p>
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>A references checklist has been added to the personnel file for each new employee. Any written or verbal references received will be attached to it.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 18 January 2016</p>	<p>It is recommended that enhanced AccessNI checks are handled in keeping with the AccessNI Code of Practice.</p>
	<p>Response by Registered Person Detailing the Actions Taken:</p> <p>An AccessNI checklist has been added to the personnel form for each new employee. This has been filled out with the AccessNI certificate details and existing certificates have been destroyed as per AccessNI Code of Practice.</p>

Registered Manager Completing QIP	Stephanie Desmond	Date Completed	15/2/16
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	17/02/16

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