



The **Regulation** and
Quality Improvement
Authority

Patrick Menary Dental Surgery
RQIA ID: 11652
107 Hollywood Road
Belfast
BT4 3BE

Inspector: Carmel McKeegan
Inspection ID: IN023579

Tel: 028 9047 1511

**Announced Care Inspection
of
Patrick Menary Dental Surgery**

6 October 2015

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 6 October 2015 from 14.00 to 15.30. It was identified that some improvement is needed for the management of medical emergencies and recruitment and selection to be 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 21 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	1	5

The details of the QIP within this report were discussed with Mr Patrick Menary, 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 Patrick Menary	Registered Manager: Mr Patrick Menary
Person in Charge of the Practice at the Time of Inspection: Mr Patrick Menary	Date Manager Registered: 7 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

3. Inspection Focus

The inspection sought to assess progress with the issue 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 Patrick Menary, registered person and three dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and the procedure for obtaining and reviewing 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 21 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 21 January 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The overflows in the stainless steel hand-washing basins in the surgeries should be sealed using a stainless steel plate and sealed with an anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: Observation of Mr Menary's dental surgery confirmed that the overflow had been blanked off as recommended. Mr Menary confirmed that the hand washing basin in the other surgery had been similarly addressed.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Menary 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a pocket mask with oxygen port, a self-inflating bag with reservoir suitable for a child and clear face masks in adult and paediatric sizes. Mr Menary confirmed he would order these items.

The practice does not have an automated external defibrillator (AED). Mr Menary advised that he is considering purchasing an AED and was researching which model to provide 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 Mr Menary 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 the arrangements for managing a medical emergency are 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 Mr Menary 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 Menary 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 Mr Menary 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

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines should be retained in the practice.

Advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice.

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

Is Care Safe?

Review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. The revised policy should include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and the arrangement to provide confirmation that the person is physically and mentally fit to fulfil their duties.

The personnel file of the staff member recruited since registration with RQIA was 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;
- evidence of current GDC registration;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Review of the personnel record showed that an AccessNI enhanced disclosure had been obtained for the staff member after employment had commenced and that the original AccessNI disclosure certificate had been retained in the practice. Mr Menary was advised that disclosure certificates should be handled in keeping with the AccessNI Code of Practice. Discussion with Mr Menary confirmed that he is now aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work.

Two written references were not provided for the staff member, Mr Menary stated that in previous years, verbal references had been obtained for applicants; and confirmed that written references will be sought for all future staff appointments in keeping with the practice recruitment policy.

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.

Mr Menary 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?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation and best practice guidance.

The personnel file reviewed was noted to include a contract of employment and job description.

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

Discussion with Mr Menary and staff 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 recruitment and selection procedures were generally found to be effective.

Is Care Compassionate?

Mr Menary confirmed that recruitment and selection procedures would be further developed and implemented as previously discussed in accordance with good practice guidance and 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 Mr Menary is aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work and of best practice in regard to handling in accordance with the AccessNI Code of Practice.

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 Mr Menary 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 found to be compassionate.

Areas for Improvement

The recruitment and selection policy should be further developed as outlined.

New staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

AccessNI checks must be received prior to any new staff commencing work in the practice.

Access NI disclosure certificates should be handled in keeping with best practice guidance.

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 Patrick Menary, registered person and three dental nurses. Questionnaires were also provided to staff prior to the

inspection by the practice on behalf of the RQIA. Five 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Menary, 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: 6 October 2015	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Enhanced AccessNI checks will now be undertaken prior to the commencement of employment as reflected in the revised practice recruitment policy.</p>
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 6 November 2015	<p>It is recommended that a pocket mask with oxygen port, a self-inflating bag with reservoir suitable for a child and clear face masks in adult and paediatric sizes are provided as recommended by the Resuscitation Council (UK) guidelines.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A pocket mask with oxygen port, a paediatric self inflating bag with reservoir and adult & paediatric sized clear face masks have been acquired.</p>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 6 November 2015	<p>It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Advice has been sought and an AED device is in the process of being acquired</p>
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 6 November 2015	<p>It is recommended that the recruitment and selection policy is further developed to include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and provide confirmation that the person is physically and mentally fit to fulfil their duties.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The practice recruitment policy includes the procedure for obtaining enhanced AccessNI checks prior to staff commencing work. It has been updated to include a procedure to gain confirmation that the person is physically and mentally fit to fulfil their duties.</p>

Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 6 October 2015	It is recommended that new staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.		
	Response by Registered Person(s) Detailing the Actions Taken: Procedures have been revised to ensure that new staff personnel files include all relevant documentation.		
Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 6 October 2015	It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.		
	Response by Registered Person(s) Detailing the Actions Taken: Procedures have been revised to ensure that AccessNI certificates are handled in accordance with the AccessNI code of practice and appropriate records pertaining to them are retained.		
Registered Manager Completing QIP	Patrick Menary	Date Completed	06/11/2015
Registered Person Approving QIP	Patrick Menary	Date Approved	06/11/2015
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	30/11/15

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