



The Regulation and
Quality Improvement
Authority

Rosconnor Clinic
RQIA ID: 11678
21 Portrush Road
Ballymoney
BT53 6BX

Inspector: Emily Campbell
Inspection ID: IN023628

Tel: 028 2766 2145

**Announced Care Inspection
of
Rosconnor Clinic

17 February 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 17 February 2016 from 09.45 to 12.25. On the day of the inspection the management of medical emergencies was 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

No actions were required to be taken following the last care inspection on 12 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	1

The details of the QIP within this report were discussed with Mr Jason Henry, 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 Jason Henry	Registered Manager: Mr Jason Henry
Person in Charge of the Practice at the Time of Inspection: Mr Jason Henry	Date Manager Registered: 17 August 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

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 Mr Henry, the office manager, the clinic manager, an associate dentist and a trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, five staff personnel files, job descriptions, contracts of employment and the arrangements for 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 12 February 2015. No requirements or recommendations were made during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 12 February 2015

As above.

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Henry 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 Henry 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained 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 Henry and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice. This is a referral only practice and details of the patient's medical history details forms part of the referral process. The medical history is reviewed and is taken into consideration when deciding the specific times during the day when appointments are scheduled as a risk management measure. This is good 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 Mr Henry 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 Henry 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 Henry 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

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. Some minor amendments were made to the policy which was emailed to RQIA on the afternoon of the inspection. The revised policy was comprehensive and reflected best practice guidance.

Rosconnor Clinic operates two practices; this one based in Ballymoney and a satellite practice (Rosconnor Clinic, Derry) based in Londonderry. The management for both practices is operated from the Ballymoney practice including staff recruitment and appointment scheduling. Whilst staff are generally based in one of the practice, there are occasions when staff work across the two practices. All personnel records are retained in the Ballymoney practice and for this purpose recruitment and selection practices in respect of both practices were reviewed during this inspection.

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

- positive proof of identity, including a recent photograph
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable and
- two written references in respect of three staff.

The following information was not available in files reviewed:

- criminal conviction declaration
- details of full employment history, including an explanation of any gaps in employment
- two written references in respect of two staff.

A recommendation was made that 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 to include the above information.

Evidence was available to confirm that enhanced AccessNI checks were received in respect of the staff whose files were reviewed. However, these were not received until shortly after the commencement of employment. A requirement was made in this regard.

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 Henry and the office manager 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 development is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

The revised recruitment and selection policy complies with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed a requirement was made regarding enhanced AccessNI checks and a recommendation was made regarding the need to obtain references, details of employment history and criminal conviction declarations in respect of new staff recruited.

Five 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 staff confirmed that they 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 development is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Implementation of the revised recruitment and selection procedures will 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 these need to be received prior to the commencement of employment.

Discussion with Mr Henry 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 Henry 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

An enhanced AccessNI check must be undertaken and received prior to the commencement of employment in respect of any new staff recruited.

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:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Henry, the office manager, the clinic manager, an associate dentist and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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.

The following comments were provided in submitted questionnaires:

- “I believe the practice I am in provides a great service to all patients and the care received is excellent.”
- “I believe we provide a very satisfactory service to our patients. It is an excellent place to work.”

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 Jason Henry, 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

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 17 February 2016</p>	<p>The registered person must ensure that an enhanced AccessNI check is undertaken and received prior to the commencement of employment in respect of any new staff recruited.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A policy and process has been put into place to ensure that all potential new staff have had enhanced AccessNI checks carried out and reviewed prior to commencing employment.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 17 February 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"> • criminal conviction declaration • details of full employment history, including an explanation of any gaps in employment • two written references, one of which should be from the current/most recent employer.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A policy and process has been put into place to ensure that all potential new staff records and personnel files have details of :-</p> <ul style="list-style-type: none"> - any criminal convictions - details of full employment history, including an explanation of any gaps in employment and also - two written references reviewed prior to commencing employment, which include one from the most recent employer.

Registered Manager Completing QIP	Jason Henry	Date Completed	29/03/2016
Registered Person Approving QIP	Jason Henry	Date Approved	29/03/2016
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	21.4.16

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