



The **Regulation** and
Quality Improvement
Authority

Spires Oral Care Ltd
RQIA ID: 11694
11 Kirk Avenue
Magherfelt
BT45 6BT

Inspector: Norma Munn
Inspection ID: 022888

Tel: 028 79632255

**Announced Care Inspection
of
Spires Oral Care Ltd**

05 August 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 05 August 2015 from 09.15 to 11.40. 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. One outstanding issue from the previous inspection also needs to be addressed. 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 04 November 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	4

The details of the QIP within this report were discussed with Dr Gormley, 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: Spires Oral Care Ltd Dr Anne Gormley	Registered Manager: Dr Anne Gormley
Person in Charge of the Practice at the Time of Inspection: Dr Anne Gormley	Date Manager Registered: 4 October 2011
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 Dr Gormley, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and two 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 04 November 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 04 November 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	<p>The overflow of the stainless steel dedicated hand washing basin in clinical areas should be blanked off with a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p>Action taken as confirmed during the inspection: It was observed that the overflow in the hand washing basin in one surgery had not been blanked off. Discussion with Dr Gormley confirmed that no hand washing basins in the clinical areas have the overflow blanked off. This recommendation has been stated for a second time.</p>	Not Met

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with 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.

Observation and discussion with Dr Gormley 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 in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Dr Gormley 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. Oropharyngeal airways and child face masks were not available as recommended by the Resuscitation Council (UK).

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 Dr Gormley 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?

The policy for the management of medical emergencies was further developed on the day of the inspection to reflect best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Dr Gormley 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 Dr Gormley and staff confirmed that there has been one medical emergency in the practice since the previous inspection. Dr Gormley and staff demonstrated that this had been managed effectively, efficiently and compassionately.

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 Dr Gormley 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

Oropharyngeal airways and child face masks should be provided as recommended by the Resuscitation Council (UK) guidelines.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. However, the policy needs to be developed to reflect legislative and best practice guidance.

Two 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;
- 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 on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

One file contained one written reference and the other file did not contain any evidence of references being sought. This was discussed with Dr Gormley who readily agreed that two written references would be obtained in the future.

The arrangements for enhanced AccessNI checks were reviewed. In the two files reviewed it was evident that enhanced AccessNI checks were in place. However, one of the checks had been received after the staff member commenced work. Dr Gormley confirmed that the practice have subsequently put a system in place to ensure that AccessNI checks are in place prior to new staff commencing work.

A staff register was developed during the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. Dr Gormley is aware that this is a live document that should be kept up to date.

Dr Gormley 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, recruitment and selection procedures were found to be generally safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including obtaining two written references.

Two 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 two records evidenced that induction programmes are completed when new staff join the practice.

Discussion with Dr Gormley 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?

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed previously one check was received after the identified staff member commenced work in the practice. Dr Gormley is aware that checks must be received prior to any new staff commencing work in the 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 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

Enhanced AccessNI checks must be undertaken and received prior to new staff being recruited.

The recruitment policy and procedure needs to be developed to reflect legislative and best practice guidance.

Two written references should be obtained prior to new staff commencing employment and 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 Dr Gormley, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven questionnaires 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 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 the 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 Dr Gormley, 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 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 persons 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 persons 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: 05 August 2015	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing employment in the future. <i>WILL BE DONE IN FUTURE</i> Response by Registered Person(s) Detailing the Actions Taken:
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 05 September 2015	The overflow of the stainless steel dedicated hand washing basin in clinical areas should be blanked off with a stainless steel plate sealed with antibacterial mastic. <i>DONE !!</i> Response by Registered Person(s) Detailing the Actions Taken:
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 05 September 2015	It is recommended that oropharyngeal airways and child face masks should be provided as recommended by the Resuscitation Council (UK) guidelines. <i>DONE</i> Response by Registered Person(s) Detailing the Actions Taken:
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 05 November 2015	It is recommended that the recruitment policy is further developed. The policy and procedure should include the following information: <ul style="list-style-type: none"> • employment checks including two written references; and • arrangements for obtaining an enhanced AccessNI check. Response by Registered Person(s) Detailing the Actions Taken: <i>UPDATED</i>
Recommendation 4 Ref: Standard 11.1 Stated: First time	It is recommended that two written references, one of which should be from the current/most recent employer should be obtained prior to new staff commencing employment and retained in staff personnel files as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

To be Completed by: 05 August 2015	Response by Registered Person(s) Detailing the Actions Taken: WILL BE DONE IN FUTURE
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Registered Manager Completing QIP	Aine Gormley	Date Completed	28.9.15
Registered Person Approving QIP	Aine Gormley	Date Approved	7.10.15
RQIA Inspector Assessing Response	Bruce Lee	Date Approved	23/10/15

Please ensure the QIP is completed in full and returned to RQIA's office from the authorised email address