



The Regulation and
Quality Improvement
Authority

Mulgrew Orthodontics
RQIA ID: 11991
100 Strand Road
Timberquay
Derry
BT48 7NR

Inspector: Stephen O'Connor
Inspection ID: IN023405

Tel: 028 7136 7464

**Announced Care Inspection
of
Mulgrew Orthodontics**

20 January 2016

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 20 January 2016 from 09:50 to 11:55. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally 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 12 March 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 Mrs Niamh Mulgrew, associate dentist and Ms Audrienne Mulgrew, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Brian Mulgrew	Registered Manager: Mr Brian Mulgrew
Person in Charge of the Practice at the Time of Inspection: Mr Brian Mulgrew	Date Manager Registered: 30 April 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 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 Brian Mulgrew, registered person, Mrs Niamh Mulgrew, Associate Dentist, Ms Audrienne Mulgrew, Practice Manager, a dental nurse and a trainee 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 the arrangements for managing patient medical histories was reviewed.

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 March 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 12 March 2015

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The daily automatic control test (ACT) recorded for the non-vacuum steriliser should show the sterilisation hold time and not the complete cycle time.</p> <p>Mr Mulgrew should check with the washer disinfectant manufacturer to establish if a soil test is required as part of the machine's periodic testing, and if so undertake and record same.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A pre-printed logbook is available for the non-vacuum steriliser. Review of the logbook demonstrated that the details of the daily ACT are recorded. The inspector advised that the quality of the printouts detailing the cycle parameters of the non-vacuum steriliser should be kept under review to ensure that they can be read for up to two years. Discussion with a dental nurse and review of the washer disinfectant logbook demonstrated that a soil test is undertaken quarterly and the results are recorded.</p>	

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. Five staff indicated on submitted questionnaires that they had not received medical emergency refresher training within the previous 12 months. Review of documentation demonstrated that medical emergency refresher training had been undertaken by all staff in the practice on the day prior to the inspection. Mrs Mulgrew confirmed that arrangements are in place to ensure that medical emergency refresher training is provided annually.

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. Mrs Mulgrew was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance. It was also observed that Glucagon was stored at room temperature; however a revised expiry dated reflecting that the cold chain had been broken had not been recorded on the medication packing or expiry date checklist in keeping with the manufacturer's instructions. The date the cold chain was broken was established during the inspection and a revised expiry date was recorded on the medication packing and expiry date checklist. Mrs Mulgrew is aware that Glucagon can be stored at room temperature for up to 18 months within the manufacturer's expiry date.

Review of 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 pocket masks were not available. This was discussed with Mrs Mulgrew who readily agreed to provide this equipment. Mrs Mulgrew provided proof of purchase of this equipment in an email to RQIA dated 20 January 2016. Mrs Mulgrew confirmed that an automated external defibrillator (AED) was not available in the practice and that formal arrangements to access a community AED in a timely manner had not been established. The provision of an AED was discussed with Mrs Mulgrew and a recommendation was made in this regard. 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 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 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.

Discussion with 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 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

Mr Mulgrew should consult with his medico legal advisor in regards to the provision of an AED and any recommendations made should be addressed.

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

Is Care Safe?

Ms Mulgrew confirmed that a recruitment policy had not been established. The content of a recruitment policy was discussed with Ms Mulgrew. A recruitment policy and procedure was emailed to RQIA on 25 January 2016. The policy was 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;
- two written references in one file;
- details of full employment history, including an explanation of any gaps in employment in two files;
- evidence of current GDC registration, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for AccessNI checks were reviewed. One file included evidence that an enhanced AccessNI check had been received prior to the commencement of employment. However, two files reviewed included evidence that the enhanced AccessNI checks had been received after the members of staff commenced work. This was discussed with Ms Mulgrew and a requirement was made to address this.

As stated previously it was observed that one file included two written references, however, one file included one written reference and one file did not include any references. Ms Mulgrew confirmed that verbal references had been sought; however a record of these verbal references had not been made. It was also observed that none of the files reviewed included documentary evidence of qualifications or criminal conviction declarations. These issues were discussed with Ms Mulgrew and a recommendation has been made to address them.

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 and leaving dates. Ms Mulgrew is aware that the staff register is a live document that should be kept up-to-date.

Ms Mulgrew 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 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 Ms Mulgrew 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 enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment was discussed with Ms Mulgrew.

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

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

Staff personnel files should include all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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 Brian Mulgrew, registered person, Mrs Niamh Mulgrew, associate dentist, Ms Audrienne Mulgrew, practice manager, a dental nurse and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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. Five submitted questionnaires indicated that medical emergencies was not included during their induction and that they had not been provided with medical emergency refresher training within the previous 12 calendar months. As discussed in section 5.3 of this report medical emergency refresher training had been provided on the day prior to the inspection.

A comment included in a submitted questionnaire is as follows:

- “This orthodontic practice is a caring practice for both patients and staff. Any queries regarding anything are dealt with as soon as possible”

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 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 Mrs Niamh Mulgrew, Associate Dentist and Ms Audrienne Mulgrew, Practice Manager 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.

Quality Improvement Plan

Statutory Requirements			
Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time To be Completed by: 20 January 2016	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing work in the practice.</p> <p>Response by Registered Persons Detailing the Actions Taken: We will ensure that all new staff will have Access NI checks received prior to commencing work.</p>		
Recommendations			
Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 20 February 2016	<p>It is recommended that Mr Mulgrew consult with his medico legal advisor in regards to the provision of an automated external defibrillator (AED). Any recommendations made by the medico legal advisor should be actioned.</p> <p>Response by Registered Persons Detailing the Actions Taken: I spoke to Dental Protection regarding this matter and they have advised me to purchase an AED. I plan to follow their advice imminently following some research into what AED's are available.</p>		
Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 20 January 2016	<p>It is recommended that staff personnel files for any new staff recruited in the future include all recruitment documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by Registered Persons Detailing the Actions Taken: We plan to follow the regulations stated above for all new new staff recruited in the future.</p>		
Registered Manager Completing QIP	Brian Mulgrew	Date Completed	24/02/16
Registered Person Approving QIP	Brian Mulgrew	Date Approved	24/02/16
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	23/03/2016

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

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.