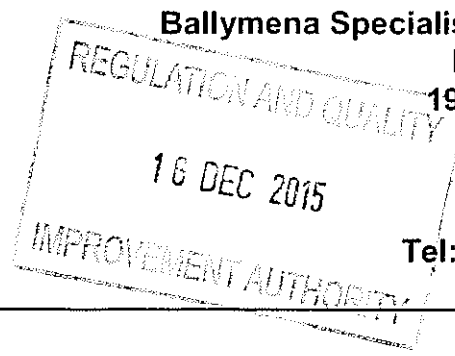


The Regulation and  
Quality Improvement  
Authority

Inspector: Carmel McKeegan  
Inspection ID: IN23581

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**Ballymena Specialist Dental Clinic**

**RQIA ID: 11378**

**19 George Street**

**Ballymena**

**BT43 5AP**

**Tel: 028 2565 2044**

**Announced Care Inspection  
of  
Ballymena Specialist Dental Clinic**

**12 October 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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced care inspection took place on 12 October 2015 from 10.00 to 11.30. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The arrangements for recruitment and selection was found to be generally safe, effective and compassionate. An area for improvement was identified and is 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 6 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report was discussed with Mr Robert Graham, registered manager of Fortwilliam Specialist Dental Clinic and Ms Ashleigh Clarke, duty manager, as part of the inspection process. The timescale for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Mark Diamond	<b>Registered Manager:</b> Mr Mark Diamond
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Mark Diamond	<b>Date Manager Registered:</b> 4 March 2014
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 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.

Mr Mark Diamond, registered person was available for discussion at the outset of the inspection following which he was involved in patient treatment. Mr Diamond also operates a practice in Belfast; Fortwilliam Specialist Dental Clinic. Mr Robert Graham, registered manager of Fortwilliam Specialist Dental Clinic and Ms Ashleigh Clarke, duty manager were present and facilitated the inspection. A dental nurse also met with the inspector.

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 6 February 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 6 February 2015.

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 13 Stated: First time	Further develop the blood spillage procedure to include the specific arrangements for the management of blood and bodily spillages. The updated procedure should be shared with staff.  A blood spillage kit should be provided and staff trained in its use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A Bodily Fluid Disposal Kit was provided in the practice and the procedure for dealing with a bodily fluid spillage had been updated to reflect this arrangement. Full instructions on how to use the kit are provided and have been shared with all persons working in the practice.	
<b>Recommendation 2</b> Ref: Standard 13 Stated: First time	The details of the daily automatic control test (ACT) should be recorded in the steriliser logbook.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the steriliser logbook confirmed that the ACT is undertaken and recorded on the days that the dental practice is operating.	

## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Mr Diamond 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 Diamond 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), with exception of buccal Midazolam as recommended by the Health and Social Care Board (HSCB). The practice provided Midazolam in ampoule format which is regularly used for sedation purposes, Mr Graham agreed to provide Buccolam pre-filled syringes as recommended by the HSCB. Mr Graham confirmed by email on 14 October 2015 that Buccolam prefilled syringes as recommended by the HSCB were provided in the dental practice, and that all staff working in the practice had been informed of this.

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 Diamond 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 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 Diamond 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 Diamond 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 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**

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 that a criminal conviction declaration had been made by applicants and that arrangements are in place to provide confirmation that the person is physically and mentally fit to fulfil their duties. A revised recruitment and selection policy was received by RQIA on 14 October 2015 which was comprehensive and reflective of best practice guidance.

The personnel file of the only 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance.

Two written references were not provided for the staff member, Mr Graham and Ms Clarke stated that previously verbal references had been obtained for applicants; and confirmed that written references will be sought for all future staff appointments in keeping with the revised recruitment and selection policy.

A criminal conviction declaration made by applicant had not been provided; discussion with Mr Graham and Ms Clarke demonstrated that they had believed that the Access NI enhanced disclosure covered this area. Advice was provided and Mr Graham and Ms Clarke were referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which states the information required in respect of employees.

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 Graham and Ms Clarke 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 generally found to be 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. Mr Graham and Ms Clarke confirmed that they were now aware of the required records to be kept in respect of persons to be employed in the dental practice.

The personnel file reviewed 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Graham, Ms Clarke and the dental nurse 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 found to be effective.

### Is Care Compassionate?

Review of recruitment and selection procedures demonstrated 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.

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

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

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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 Diamond, registered person, Mr Graham, registered manager of Fortwilliam Specialist Dental Clinic; Ms Ashleigh Clarke, duty manager and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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 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 issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Robert Graham, registered manager of Fortwilliam Specialist Dental Clinic and Ms Ashleigh Clarke, duty 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/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 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

Recommendations			
<b>Recommendation 1</b>	It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.		
<b>Ref:</b> Standard 11.1			
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>To be Completed by:</b> 12 October 2015	ALL RELEVANT DOCUMENTATION AS SPECIFIED IN SCHEDULE 2 OF THE IHCR(NI) 2005 ARE NOW INCLUDED IN POLICIES & PROCEDURES.		
<b>Registered Manager Completing QIP</b>	<i>Roberta Grant</i>	<b>Date Completed</b>	12/11/15
<b>Registered Person Approving QIP</b>	<i>M. A. L.</i>	<b>Date Approved</b>	2/12/15
<b>RQIA Inspector Assessing Response</b>	<i>Carmel McKeegan</i>	<b>Date Approved</b>	18.11.15.

*\*Please ensure this document is completed in full and returned to RQIA's office*