



The Regulation and  
Quality Improvement  
Authority

**Bradley Dental Surgery**  
RQIA ID: 11404  
84 Forthill Street  
Enniskillen  
BT74 6AJ

**Inspector: Norma Munn**  
**Inspection ID: IN021263**

**Tel: 028 6632 8329**

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**Announced Care Inspection  
of  
Bradley Dental Surgery**

**9 June 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 9 June 2015 from 10.00 to 12.00. 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. 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 23 September 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>4</b>

The details of the QIP within this report were discussed with Mrs Bradley, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Catherine Bradley	<b>Registered Manager:</b> Mrs Catherine Bradley
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Catherine Bradley	<b>Date Manager Registered:</b> 14 March 2012
<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.

During the inspection the inspector met with Mrs Catherine Bradley and two dental nurses. The inspection was facilitated by Mrs Bradley.

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

### 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 23 September 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 23 September 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 13.2</b>	The overflows on the hand washing sinks should be blocked off using a stainless steel plate and anti-bacterial mastic.	<b>Met</b>
	Observation and discussion with the registered person confirmed that the overflow in the hand washing sink has been blocked off.	

## 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.

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), and that some emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Observation and discussion demonstrated that an automated external defibrillator (AED), portable suction, a child self-inflating bag with reservoir and clear face masks in the sizes as stated in the Resuscitation Council (UK) guidelines have not been provided. Mrs Bradley confirmed that an AED is not available in the practice. However, formal arrangements are in place to access an AED at another dental practice within close proximity to the practice.

The format of Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mrs Bradley was advised that when the current form of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

There is an identified individual within the practice with responsibility for checking emergency medicines and equipment. Arrangements were in place for cover in the absence of the identified individual.

A record was available which evidenced that emergency medicines and equipment had been checked on a monthly basis. A system was in place to ensure that emergency medicines and equipment did not exceed their expiry date. However, the oropharyngeal airways had exceeded their expiry dates.

Discussion with staff 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 that the management of medical emergencies is 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**

Emergency equipment should be provided as stated in Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).

Monthly checks of emergency equipment need to be reviewed to ensure equipment does not exceed their expiry dates.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.4 Recruitment and Selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available. The policy did not refer to all staff within the practice and did not include the procedures to obtain health checks, Access NI checks and written references.

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

- positive proof of identity, including a recent photograph;
- details of employment history;
- evidence of current GDC registration, and
- evidence of professional indemnity insurance.

Application forms had been completed along with a curriculum vitae (CV) from each applicant. However, gaps in employment had not been explored or recorded for both applicants. There was no evidence in both files to show that a criminal conviction declaration had been made, that two written references had been sought or evidence of the applicants' qualification had been obtained. There was also no evidence that either applicant was physically and mentally fit to

fulfil their duties. However, discussion with Mrs Bradley confirmed that both staff had attended occupational health in June 2015 and the reports are being sent to the practice.

The arrangements for enhanced Access NI checks were reviewed. In one of the files reviewed it was identified that the check was received prior to the staff member commencing work, and in another file it was identified that the check was received three months after the staff member commenced work. Records indicated the date the checks were received, however the date the checks had been sent was not recorded.

A staff record was retained at the front of each personnel file 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.

Mrs Bradley 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 including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that one file included a contract of employment/agreement and job description and the other did not. However, discussion with Mrs Bradley and staff confirmed that staff had been provided with a job description and contract of employment/agreement when they commenced work in the practice.

Induction programme templates are in place relevant to specific roles within the practice. Discussion with two staff confirmed that an induction had taken place when they commenced employment. However, a record of the induction programme was not held on file.

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 that recruitment and selection procedures are effective.

### **Is Care Compassionate?**

Recruitment and selection procedures, including obtaining an enhanced Access NI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, review of two staff personnel files demonstrated that enhanced Access NI checks had been undertaken. However, one of the checks undertaken had been received by the practice after the commencement of employment. The importance of obtaining enhanced Access NI

checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mrs Bradley.

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**

Recruitment and selection procedures should be developed to reflect best practice guidance.

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland).

Access NI checks must be received prior to any new staff commencing work in the practice. Recording of Access NI checks should include the date the check was sent and received.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</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 Mrs Catherine Bradley, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that there have been 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 the Regulation and Quality Improvement Authority (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 Catherine Bradley, 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](mailto: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 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.

24 JUN 2015

## IMPROVEMENT AUTHORITY Quality Improvement Plan

## Statutory Requirements

## Requirement 1

Ref: Regulation 19 (2)  
Schedule 2

Stated: First time

To be Completed by:  
9 June 2015

The registered person must ensure that enhanced Access NI checks are undertaken and received prior to the commencement of employment for any new staff recruited.

The date the Access NI check was sent, received, the name of the person who reviewed the check and the outcome of the review should be recorded.

**Response by Registered Person(s) Detailing the Actions Taken:**  
I, Catharine Brady will ensure that enhanced Access NI checks are undertaken prior to commencement of employment. All details above will be recorded and kept in staff folder.

## Recommendations

## Recommendation 1

Ref: Standard 12.4

Stated: First time

To be Completed by:  
7 July 2015

It is recommended that the emergency equipment should be provided as stated in Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).

**Response by Registered Person(s) Detailing the Actions Taken:**  
Oridiflating bag with reservoir & guidel Airways in all sizes are now available.

## Recommendation 2

Ref: Standard 12.4

Stated: First time

To be Completed by:  
7 July 2015

It is recommended that a robust system is in place to ensure that emergency equipment does not exceed their expiry dates.

**Response by Registered Person(s) Detailing the Actions Taken:**  
I, Catharine Brady or Carole Jackson in my absence check on the 1<sup>st</sup> day of each month that the emergency drugs & equipment do not exceed their expiry date.

## Recommendation 3

Ref: Standard 11.1

Stated: First time

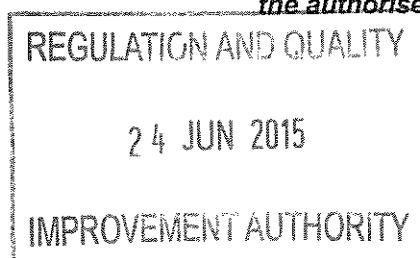
To be Completed by:  
7 July 2015

It is recommended that the recruitment and selection policy and procedures are developed to reflect best practice guidance.

**Response by Registered Person(s) Detailing the Actions Taken:**  
The recruitment & selection policy & procedures are developed as advised.

<b>Recommendation 4</b> <b>Ref: Standard 11.1</b> <b>Stated: First time</b> <b>To be Completed by:</b> 7 July 2015	It is recommended that staff personnel files for newly recruited staff should include the information as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>Staff personnel files for newly recruited staff will include information recommended.</i>		
<b>Registered Manager Completing QIP</b>	<i>Catherine Brady</i>	<b>Date Completed</b>	22-06-15
<b>Registered Person Approving QIP</b>	<i>Catherine Brady</i>	<b>Date Approved</b>	22-06-15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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<b>RQIA Inspector Assessing Response</b>	Norma Munn	<b>Date Approved</b>	30 June 2015
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