



The **Regulation** and  
**Quality Improvement**  
Authority

**Corry Dental Care**  
**RQIA ID: 11446**  
**18 The Diamond Centre**  
**Magherafelt**  
**BT45 6ED**

**Inspector: Jo Browne**  
**Inspection ID: IN21287**

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**Tel: 028 7930 0020**

**Announced Care Inspection**  
**of**  
**Corry Dental Care**

**5 May 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 5 May 2015 from 10.00 to 13.25. 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) Regulation 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

There were no requirements or recommendations made following the previous care inspection on 19 June 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>	1	3

The details of the QIP within this report were discussed with Mrs Maria Corry, registered manager, 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> Mr John Corry	<b>Registered Manager:</b> Mrs Maria Corry
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr John Corry	<b>Date Manager Registered:</b> 10 May 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 3

## 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 one dentist, one dental nurse and the registered manager.

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

The inspector discussed with staff how patient medical history forms are completed at the commencement of each course of treatment.

## 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 19 June 2014. No requirements or recommendations were made during this inspection.

## **5.2 Review of Requirements and Recommendations from the last Care Inspection dated 19 June 2015**

As above.

## **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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Checking procedures were in place for monitoring the expiry dates of emergency medication and levels of emergency oxygen. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment. However a revised expiry date had not been identified for Glucagon which was not stored in the fridge. Glucagon has a shelf life of 18 months when not stored in the fridge and this should be marked on the medication packaging. The inspector received confirmation by email from the registered manager following the inspection that the Glucagon had been replaced and the revised expiry date recorded on the packaging.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be safe.

### **Is Care Effective?**

The practice had a range of policies, protocols and checklists relating to the management of medical emergency. It was recommended that this information is developed in to one overarching policy.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. These are displayed clearly in each surgery and in the staff room.

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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### **Areas for Improvement**

An overarching policy and procedure for the management of medical emergencies reflecting best practice guidance should be developed and implemented.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available. It was recommended that the policy is updated to include arrangements for obtaining AccessNI enhanced disclosure certificates prior to staff commencing employment.

The information relating to the recruitment process was stored in separate files, e.g. contracts, AccessNI certificates and interview notes. It was advised that this information should be stored securely, in the practice, in individual personnel files for each member of staff.

One personnel file of a member of staff recruited since registration with RQIA was examined.

A requirement was made to address the following:

- no positive proof of identity, including a recent photograph, was available;
- two written references had not been sought;
- an explanation of one gap in employment had not been explored;
- no criminal conviction declaration was recorded on the application;
- confirmation had not been sought that the person was physically and mentally fit to fulfil their duties.

The inspector discussed the documents to be included in staff personnel files for any new staff that commence work in the future as follows:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to employment;
- two written references;
- 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.

The inspector offered advice regarding recruitment and selection procedures and advised implementing a check list based on the above information to be included in personnel files for all new staff.

AccessNI certificates were noted to be stored for each member of staff. It is recommended that the date the AccessNI Check was sent, the date the certificate was received, the long certificate number and the action taken on the basis of the information supplied is recorded by the practice. The AccessNI certificate should then be shredded in line with best practice guidelines.

A wages book 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. The inspector advised renaming this as the staff register.

Mrs Corry 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.

Overall 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?**

The dental service's recruitment and selection procedures need further development in order to comply with all relevant legislation.

Induction programme templates are in place relevant to specific roles within the practice. A review of one completed induction programmes evidenced that they are completed when new staff join the practice.

Discussion with Mrs Corry confirmed that staff have been provided with a job description, contract of employment 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.

Overall 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?**

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.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

### **Areas for Improvement**

Update the recruitment and selection policy to include arrangements for undertaking AccessNI enhanced disclosures.

Ensure all the information as outlined in Schedule 2 of the Independent Health Care Regulations is retained for all staff employed since registration with RQIA.

Ensure that AccessNI information is stored in line with best practice guidelines.

<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 one dentist and one dental nurse. Staff spoke very positively regarding their employment at the practice. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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 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 no complaints have been received by the practice between 1 January 2014 and 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 Maria Corry, registered 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/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.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>	The registered persons must ensure that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is retained within staff personnel files for staff recruited following registration with RQIA.
<b>Ref:</b> Regulation 19 (2) (d) Schedule 2	
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Done
<b>To be Completed by:</b> 5 June 2015	

### Recommendations

<b>Recommendation 1</b>	It is recommended that an overarching policy and procedure for the management of medical emergencies, reflecting best practice guidance, is developed and implemented.
<b>Ref:</b> Standard 12.1	
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Ongoing
<b>To be Completed by:</b> 5 August 2015	
<b>Recommendation 2</b>	It is recommended that the recruitment and selection policy is updated to include arrangements for obtaining AccessNI enhanced disclosures prior to staff commencing employment.
<b>Ref:</b> Standard 11.1	
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Ongoing
<b>To be Completed by:</b> 5 August 2015	
<b>Recommendation 3</b>	It is recommended that AccessNI information is held in line with best practice guidelines, as outlined in the main body of the report.
<b>Ref:</b> Standard 11.1	
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Done
<b>To be Completed by:</b> 5 June 2015	

<b>Registered Manager Completing QIP</b>	Maria Corry	<b>Date Completed</b>	8/6/2015
<b>Registered Person Approving QIP</b>	Sean Corry	<b>Date Approved</b>	8/6/2015
<b>RQIA Inspector Assessing Response</b>	Jo Browne	<b>Date Approved</b>	22/06/15

*\*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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