



The Regulation and  
Quality Improvement  
Authority

Crescent Dental Health  
RQIA ID: 11450  
10 Lower Crescent  
Belfast  
BT7 1NR

Inspector: Carmel McKeegan  
Inspection ID: IN024009

Tel: 028 90 246311

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**Announced Care Inspection  
of  
Crescent Dental Health**

**11 February 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced care inspection took place on 11 February 2016 from 10.30 to 12.00. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. It was identified that some improvement is needed to ensure recruitment and selection is 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 26 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
<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 Mr James Hurson, 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> Mr James Hurson	<b>Registered Manager:</b> Mr James Hurson
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr James Hurson	<b>Date Manager Registered:</b> 3 December 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 Mr Hurson, registered person and a dental nurse.

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 process for recording 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 26 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 26 November 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time	The flooring in the decontamination room should be coved or sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry to prevent the accumulation of dust and dirt and to prevent the ingress of water.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> At the time of this inspection an extensive programme of refurbishment was taking place in the dental practice.  Completed refurbishment in Surgery two provided	

	<p>evidence that work undertaken had been finished to a high standard. Impervious flooring was covered and sealed at the edges, compliant with HTM 01-05. Mr Hurson confirmed that flooring throughout the practice including the decontamination room was being replaced during the refurbishment programme to the same specification as surgery two.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>During the refurbishment programme scheduled for February 2015, the following issues should be addressed;</p> <ul style="list-style-type: none"> <li>• the floor covering provided in surgery one should be impervious, coved at the edges and sealed where the cabinetry meets the flooring.</li> <li>• the floor in surgery two should be sealed at the edges where the floor meets the skirting boards and the cabinetry.</li> <li>• hand hygiene facilities in surgery one including basins should be compliant with HTM 01-05.</li> <li>• review wall surface areas in the decontamination room to provide impervious surfaces that are easily cleaned.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Hurson stated that refurbishment work previously planned for February 2015 was postponed until 2016 as he had decided to undertake a more extensive refurbishment programme of work to include all areas within the dental practice. The refurbishment programme includes a complete refit of both dental surgeries with the provision of new cabinetry, new dental chairs, X-ray equipment, hand washing facilities, flooring and re-facing wall surfaces.</p> <p>As previously stated refurbishment work in surgery two had been finished and completed to a high specification and was compliant with HTM 01-05 specification.</p> <p>Mr Hurson confirmed that the ongoing work in surgery one would be completed to the same specification ensuring wall surfaces are impervious and easily cleaned.</p>	<p><b>Met</b></p>

	Mr Hurson also confirmed that the provision of the floor covering and hand hygiene facilities commissioned for installation are compliant with HTM 01-05.	
<b>Recommendation 3</b>	Consideration should be given to the provision of a separate hand washing basin in the planned refurbishment of surgery two in 2016.	<b>Met</b>
<b>Ref:</b> Standard 13 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Observation verified that a hand washing basin compliant with HTM 01-05 was provided in surgery two.	

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Hurson and the dental nurse 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 Hurson and the dental nurse 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of a self-inflating bag with reservoir suitable for a child. At the conclusion of the inspection Mr Hurson confirmed that this item had been ordered.

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 Hurson and the dental nurse 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?**

Written protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. However a policy for the management of medical emergencies had not been developed, advice and guidance was provided to Mr Hurson and the dental nurse on how to develop this policy. A recommendation was made in this regard.

Discussion with Mr Hurson and the dental nurse 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 Hurson and the dental nurse 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 generally 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 Mr Hurson and the dental nurse 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**

A policy on the management of medical emergencies should be provided in the dental practice.

<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?**

Review of the recruitment policy available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. Advice and guidance was provided and Mr Hurson was directed to Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation was made in this regard.

The personnel file of one staff member recruited since registration with RQIA was 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
- 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
- confirmation that the person is physically and mentally fit to fulfil their duties

The file reviewed did not include a criminal conviction declaration made by the applicant or written references from previous employers. Discussion with Mr Hurson confirmed that since this staff member had been appointed, recruitment procedures have been revised to ensure two written references would be sought. In addition a written procedure was developed and available for inspection which detailed the arrangements for obtaining a criminal conviction declaration from future applicants during the recruitment process. A recommendation was made in this regard.

Discussion with Mr Hurson and review of documentation confirmed the professional indemnity status of both Mr Hurson and the dental hygienist working in the practice. However, Mr Hurson and the dental nurse were not clear of the professional indemnity cover in place for the dental nurses. Mr Hurson and the dental nurse stated this would be followed up as a matter of priority. A requirement was made in this regard.

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.

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 previously stated the dental service's recruitment and selection procedures are in need of further development to ensure compliance with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

One personnel file was reviewed which included a contract of employment/agreement and a job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one evidenced that an induction programme was completed when this new staff member joined the practice.

Discussion with Mr Hurson 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 Mr Hurson and the dental nurse confirmed that they are aware of their roles and responsibilities.

Mr Hurson and the dental nurse 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?**

As previously stated recruitment and selection procedures need further development to reflect Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with Mr Hurson and the dental nurse demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Hurson and the dental nurse 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**

Ensure that staff members have indemnity insurance as appropriate.

The recruitment and selection policy and procedures should be further developed to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

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>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 Mr Hurson, registered person and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.



Review of submitted questionnaires and discussion with the dental nurse evidenced that staff 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 returned questionnaire indicated that 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 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 Mr Hurson, 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(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.

REGULATION AND QUALITY IMPROVEMENT AUTHORITY 18 FEB 2016 Quality Improvement Plan	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  Ref: Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be Completed by:</b> 18 February 2016	The registered person must ensure that registered dental professionals working in the dental practice have professional indemnity cover.  A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>James HURSON checked at least annually &amp; stated on file</i>
<b>Recommendations</b>	
<b>Recommendation 1</b>  Ref: Standard 12.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 April 2016	A policy on the management of medical emergencies should be provided in the dental practice.  The policy should include the training arrangements for staff, provision of emergency medication and emergency equipment, checking procedures; how to summon help, incident documentation and the arrangements for staff debriefing post incident.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>James HURSON enclosed</i>
<b>Recommendation 2</b>  Ref: Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 April 2016	The recruitment and selection policy should be further developed to reflect best practice guidance to include; <ul style="list-style-type: none"> <li>the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; two written references; employment history; Access NI check; confirmation that the person is physically and mentally fit; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant.</li> </ul> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>James HURSON enclosed</i>
<b>Recommendation 3</b>  Ref: Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 February 2016	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>James HURSON will be included in individual staff file</i>

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	27/4/16
RQIA Inspector Assessing Response	Carmel McKeegan	Date Approved	26.4.16.

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