

The Regulation and  
Quality Improvement  
Authority

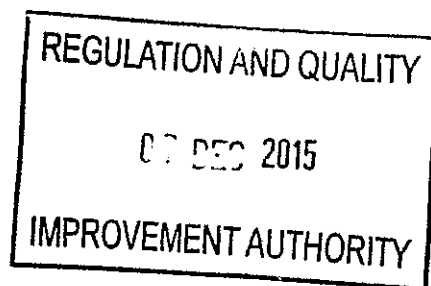
Curran Oral Surgery Clinic  
RQIA ID: 11455  
434 Lisburn Road  
Belfast  
BT9 6GR

Inspector: Lynn Long  
Inspection ID: IN022877

Tel: 028 9066 7979

**Announced Care Inspection  
of  
Curran Oral Surgery Clinic**

**2 September 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 2 September 2015 from 10.10 to 12.00. On the day of the inspection the management of medical emergencies and recruitment and selection of staff identified that some improvements were required to ensure that the care was safe, effective and compassionate. Discussion also took place with Mr Curran to ensure that the results of the most recent patient satisfaction survey are made available to patients. 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 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 4 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>	2	8

The details of the QIP within this report were discussed with the Mr Martin Curran, registered provider, 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 Martin Curran	<b>Registered Manager:</b> Mr Martin Curran
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Martin Curran	<b>Date Registered:</b> 8 March 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 4

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during 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 and complaints declaration.

During the inspection the inspector met with Mr Curran, registered provider, and one dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one member of staff's 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 Previous Inspection

The previous inspection of the practice was an announced care inspection dated 4 November 2014. No requirements or recommendations were made during this inspection.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 4 November 2014

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 Mr Curran and a 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of clear face masks suitable for adults and children and paediatric pads for use with the Automated External Defibrillator (AED). The Glucagon was being stored in the fridge. However, fridge temperatures were not being retained to evidence it was stored between 2 and 8 degrees centigrade. The storage of Glucagon was discussed with the dental nurse who confirmed that a new dose of Glucagon would be ordered and stored with the rest of the emergency medications and a revised 18 month expiry date recorded.

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

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 Curran 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 generally found to be safe.

#### Is Care Effective?

The practice does not have written policies or local procedures for dealing with the various medical emergencies.

Discussion with Mr Curran and the dental nurse demonstrated that they had a good understanding of the actions to be taken in the event of a medical emergency.

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 with the dental nurse they 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

The Glucagon medication must be replaced and the arrangements for storage of this medication reviewed.

Clear face masks should be provided in the various sizes as outlined in the Resuscitation Council (UK) minimum equipment list.

Paediatric pads should be available for use with the AED.

Policies and local procedures for dealing with the various medical emergencies should be developed.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>4</b>
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## 5.4 Recruitment and selection

### Is Care Safe?

Mr Curran confirmed during discussion that a recruitment and selection policy and associated procedures had not yet been developed.

Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which clearly states the information required in respect of employees, was discussed and Mr Curran was advised that a recruitment and selection policy should reflect the information contained therein.

It was identified that significant improvements are required to ensure that the recruitment of staff is in line with the legislative and best practice guidance.

Information in relation to recruitment of staff was not retained in staff personnel files. This was discussed with Mr Curran and one dental nurse.

Information available pertaining to the recruitment of one staff member recruited since registration with RQIA was reviewed. The following information was not available:

- Positive proof of identity, including a recent photograph;
- A criminal conviction declaration ;
- An employment history including gaps in employment;

- Evidence of qualifications;
- Confirmation that the person was physically and mentally fit to fulfil their duties; and
- Two satisfactory references; one of which must be from the person's most recent employer.

The arrangements for enhanced AccessNI checks were reviewed. However, records to confirm that an enhanced AccessNI had been undertaken for one recently recruited staff member were not retained. Prior to the conclusion of the inspection it was identified that an AccessNI check had been completed. However, the check was not an enhanced disclosure. Mr Curran was unaware of the need to have an enhanced check and subsequently the identified staff member had obtained the wrong AccessNI check.

It was also identified that a robust system has not been established to check the professional indemnity insurance status of relevant staff.

On the day of the inspection, it was identified that improvement is needed to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

As outlined previously, a recruitment and selection policy and procedures require to be developed. Mr Curran should ensure these comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

A review of records confirmed that all staff had a contract of employment/agreement and job description.

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

Discussion with the dental nurse confirmed that they had been provided with a job description, contract of employment and had received induction training when they commenced work in the practice.

Mr Curran and the dental nurse confirmed that staff are aware of their roles and responsibilities.

Mr Curran confirmed that clinical staff have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that further development is required to ensure that recruitment and selection procedures are effective.

### **Is Care Compassionate?**

A recruitment and selection policy and associated procedures are not available. The importance of having effective recruitment and selection procedures was discussed with Mr Curran.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed, issues were identified in relation to the type of AccessNI checks obtained and the information recorded in respect of these checks. This was discussed with Mr Curran and the dental nurse.

Discussion with 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 the dental nurse demonstrated that they are knowledgeable about the core values of privacy, dignity, respect and patient choice.

On the day of the inspection recruitment and selection procedures were found to be compassionate. However, robust arrangements are needed in relation to enhanced AccessNI checks.

### **Areas for Improvement**

Ensure an enhanced AccessNI check is undertaken for the identified staff member.

Ensure enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff.

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.

A recruitment and selection policy and associated procedures should be developed to reflect legislative and best practice guidance.

A robust system to check the professional indemnity status of relevant staff should be developed.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>3</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 Curran, registered provider, and one dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Ten were returned to RQIA within the timescale required.

Eight staff indicated on the submitted questionnaires that they had not been provided with a job description and contract of employment on commencing work in the practice. However, discussion with Mr Curran, the dental nurse and a review of the records indicated that this issue has since been resolved. Staff 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 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The most recent patient satisfaction report was not submitted to RQIA prior to the inspection. However, Mr Curran confirmed that the results were being prepared and would be available for review during the inspection. Mr Curran also confirmed that patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A review of the records identified that a patient satisfaction survey had been undertaken recently in relation to one specific type of patient treatment. However, the results of the survey had not been made available to patients.

### Areas for Improvement

The results of patient satisfactory surveys should be made available to patients.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Martin Curran 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 may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. 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/manager 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/manager 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>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be Completed by:</b>  2 November 2015	The registered person must ensure that the identified staff member has an enhanced AccessNI check in place.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Certificate for recent new employee now available and in employee file
<b>Requirement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be Completed by:</b>  2 September 2015	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Policy in place

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b>  16 September 2015	It is recommended that the Glucagon is replaced and the arrangements for storage of this medication reviewed.  <b>Response by Registered Manager Detailing the Actions Taken:</b> I can confirm that we are now storing the glucagon in the Drug box rather than the fridge and the shelf life has been reduced by six months as advised.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b>  2 October 2015	It is recommended that clear face masks are provided in the various sizes as outlined in the Resuscitation Council (UK) minimum equipment list.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Clear masks of various sizes in Airway box.

<b>Recommendation 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be Completed by:</b> 2 October 2015	<p>It is recommended that paediatric pads are available for use with the Automated External Defibrillator as outlined in the Resuscitation Council (UK) minimum equipment list.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Paediatric Pads now available</p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 December 2015	<p>It is recommended that policies and local procedures for dealing with the various types of medical emergencies should be developed.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Medical emergencies policyies have been up dated</p>
<b>Recommendation 5</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 December 2015	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect legislative and best practice guidance.</p> <p>The recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; AccessNI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Recruitment policies now in place.</p>
<b>Recommendation 6</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 September 2015	<p>It is recommended that staff personnel files for newly recruited staff are developed and include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005. The following information should be retained;</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul>

	<b>Response by Registered Manager Detailing the Actions Taken:</b> New File for new member of staff in place and system started to make sure any new member of staff has file at start of employment with relevant documents in file.		
<b>Recommendation 7</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time <b>To be Completed by:</b> 2 December 2015	It is recommended that a robust system to check the professional indemnity status of relevant staff is developed.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> System in place to allow checks to take place before and during interviews.		
<b>Recommendation 8</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time <b>To be Completed by:</b> 2 December 2015	It is recommended that the results of patient satisfactory surveys should be made available to patients.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Available on request		
<b>Registered Manager Completing QIP</b>	Martin Curran BDSFDS	<b>Date Completed</b>	10/11/2015
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	LYNN LONG	<b>Date Approved</b>	10.12.15

*\*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\**