



The Regulation and  
Quality Improvement  
Authority

Ladybrook Dental Surgery  
RQIA ID: 11466  
4 Ladybrook Park  
Belfast  
BT11 9EL

Inspector: Carmel McKeegan  
Inspection ID: IN21280

Tel: 028 9030 1999

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**Announced Care Inspection  
of  
Ladybrook Dental Surgery**

**27 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An announced care inspection took place on 27 April 2015 from 10.30 to 12.15. 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 30 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>	1	5

The details of the QIP within this report were discussed with Ms Roisin McKiernan, 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> Ms Roisin McKiernan	<b>Registered Manager:</b> Ms Roisin McKiernan
<b>Person in Charge of the Practice at the Time of Inspection:</b> Ms Roisin McKiernan	<b>Date Manager Registered:</b> 11 April 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 this inspection, the inspector met with Ms Roisin McKiernan, registered person, and Mrs Annemarie Coogan, the practice manager/dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and 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 30 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 30 September 2014

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	<p>The flooring in the surgeries should be sealed at the edges where they meet the wall and the kicker boards of the cabinetry to prevent the accumulation of dust and dirt and to prevent the ingress of water.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Observation of one surgery confirmed that flooring had been sealed; Ms Mc Kiernan confirmed the other surgery flooring had been sealed as recommended.</p>	<b>Met</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	<p>The overflows on the hand washing sinks should be blocked off using a stainless steel plate and anti-bacterial mastic.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Observation of hand washing basins in one surgery and the decontamination room confirmed that overflows had been blanked off and sealed as recommended.</p>	<b>Met</b>

## 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 Ms McKiernan and Mrs Coogan confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and that staff were aware of 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 in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. The format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Advice was given that when the current format of Midazolam expires it should be replaced with Buccolam Pre-Filled syringes, as recommended by the HSCB.

Discussion with Ms McKiernan confirmed that an automated external defibrillator (AED) is not available at the practice and observation of the emergency medical equipment identified that oropharyngeal airways were available in sizes two and four only.

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 Ms McKiernan and Mrs Coogan 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 it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are 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 Ms McKiernan and Mrs Coogan 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 Ms McKiernan and Mrs Coogan confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall 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.

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

### **Areas for Improvement**

Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.

Advice and guidance should be sought in regards to the provision of and AED.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	2
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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 this policy was comprehensive and reflective of best practice guidance. The policy should include the procedure for obtaining an enhanced AccessNI check prior to commencement, providing two written references and also that a criminal conviction declaration is made by the applicant.

Two staff personnel files relating to staff that commenced work in the practice since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- two written references were not provided in either staff file;
- 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;
- no criminal conviction declaration on application for either member of staff;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Both staff files reviewed confirmed that an enhanced AccessNI check was received after employment had commenced, discussion with Ms McKiernan and review of relevant documents confirmed that a requirement had been made at a previous care inspection in this regard, which had been fully addressed.

It was noted that the original AccessNI disclosure certificates were retained in the practice, this was discussed with Ms McKiernan as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Discussion with Ms McKiernan also confirmed that whilst two written references had not been obtained, a verbal reference was obtained for each staff member prior to commencement. Advice was provided on how the practice might evidence that a written reference had been sought, and how to record a verbal reference to evidence the source of the reference.

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.

Documentation confirming the indemnity status of Ms McKiernan and the associate dentists was available for review. Ms McKiernan was unsure if employees of the practice were covered by her indemnity or not. It was advised that Ms McKiernan urgently establishes that indemnity cover is provided for all professionals who require individual professional indemnity cover.

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?**

As previously identified, the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation. Recruitment checks were in place to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each file included a contract of employment 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.

Ms McKiernan 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.

Ms McKiernan and Mrs Coogan confirmed that all clinical staff 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 recruitment and selection procedures are effective.

## **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements, with the exception of the issues previously identified.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Ms McKiernan confirmed that an enhanced AccessNI disclosure will be in place, prior to commencement of employment in future staff appointments 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

The recruitment and selection policy should be further developed.

Recruitment records for new staff should include all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005.

Indemnity arrangements should be reviewed.

AccessNI disclosure certificates should be handled in keeping with best practice.

<b>Number of Requirements:</b>	1	<b>Number of Recommendations:</b>	3
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## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

Discussion with Ms McKiernan, registered person and Mrs Coogan, practice manager/dental nurse was undertaken during the course of the inspection. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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 Ms McKiernan, 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 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 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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (3) (d) <b>Stated:</b> First time  <b>To be Completed by:</b> 27 May 2015.	<p>The registered person must ensure that their indemnity cover includes employees of the practice.</p> <p>A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All registered nurses have now applied for their own indemnity cover with the DDU.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time  <b>To be Completed by:</b> 27 May 2015	<p>It is recommended that Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have aquired more airways of various sizes for the emergency box.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time  <b>To be Completed by:</b> 27 May 2015	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The DDU do not require an AED for our surgery.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> 27 May 2015	<p>It is recommended that the recruitment and selection policy is further developed to ensure that the recruitment and selection of staff is undertaken in accordance with best practice and should include;</p> <ul style="list-style-type: none"> <li>• the procedure for undertaking enhanced AccessNI checks to include the handling of disclosure certificates;</li> <li>• the procedure for requesting written references;</li> <li>• the procedure for ensuring that applicants make a criminal conviction declaration.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The recruitment policy has been updated to reflect the recommendations.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing from the date of the inspection	<p>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.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This will be taken into considersation for all newly recruited staff.</p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing from the date of the inspection	It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the AccessNI Code of Practice. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have developed a policy to reflect the recommendations given.		
<b>Registered Manager Completing QIP</b>	Roisin McKiernan	<b>Date Completed</b>	11/6/15
<b>Registered Person Approving QIP</b>	Roisin McKiernan	<b>Date Approved</b>	11/6/15
<b>RQIA Inspector Assessing Response</b>	<b>Carmel McKeegan</b>	<b>Date Approved</b>	<b>30/6/15</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\**