



The Regulation and  
Quality Improvement  
Authority

Gentle Dental Care  
RQIA ID: 11514  
58 Lisburn Road  
Belfast  
BT9 6AF

Inspector: Carmel McKeegan  
Inspection ID: IN023604

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Tel: 028 9032 6795

**Announced Care Inspection  
of  
Gentle Dental Care**

**3 November 2015**

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

An announced care inspection took place on 3 November 2015 from 14.00 to 15.30. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. One recommendation has been made to make written protocols available for staff reference regarding the local procedures for dealing with the various medical emergencies.

An issue of concern was identified in relation to the recruitment and selection of staff. The issue in relation to staff recruitment had been identified during previous inspections on 19 March 2013, 10 January 2014 and 29 January 2015. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised.

Following the inspection, RQIA served a failure to comply notice in relation to Gentle Dental Care in terms of Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Refer also to section 1.2 below.

The inspection also sought to assess progress with the requirement and recommendation made at the last inspection. As outlined the requirement in relation to staff recruitment had not been met and was subsumed into a failure to comply notice. The recommendation had been addressed.

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 29 January 2015.

### **1.2 Actions/Enforcement Resulting from this Inspection**

As outlined previously, an issue of concern was identified in relation to staff recruitment. This issue had also been identified during previous inspections. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised. Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered persons with the intention of issuing a failure to comply notice. The failure to comply notice relates to staff recruitment practices.

A meeting was held on 11 November 2015 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 15 January 2016.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the QIP within this report were discussed with the Mr Adam Jaffa, 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 Lucy Stock Mr Adam Jaffa	<b>Registered Manager:</b> Mr Adam Jaffa
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Lucy Stock Mr Adam Jaffa	<b>Date Manager Registered:</b> 22 November 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 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 Mrs Lucy Jaffa, registered person was treating patients and spoke briefly with the inspector at the outset. Mr Adam Jaffa, registered person facilitated the inspection and two dental nurses were available for discussion.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and the procedure for obtaining 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 29 January 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 29 January 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) (d)</p> <p><b>Stated:</b> Third time</p>	<p>Ensure that all newly recruited staff have the required enhanced Access NI check prior to commencing employment.</p> <p>The registered person must ensure that the identified staff member currently employed without an enhanced Access NI check undertaken by the registered providers is supervised at all times.</p> <p>Written confirmation that a satisfactory enhanced AccessNI check has been received for the identified staff member should be forwarded to RQIA.</p>	<p><b>Not Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of staff personnel records confirmed that two staff members had commenced employment prior to receipt of a satisfactory AccessNI enhanced disclosure check.</p> <p>This requirement has not been met and has been subsumed into a Failure to Comply Notice.</p>	

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	A policy and procedure for cleaning and maintaining the practice environment should be developed.	<b>Met</b>
	Guidance on the use of colour coded cleaning equipment in accordance with The National Patient Safety Agency should be included in the policy.	
	<b>Action taken as confirmed during the inspection:</b> The policy and procedure for cleaning and maintaining the environment could not be located and was provided to RQIA by electronic mail on 20 November 2015. Review of the policy confirmed that guidance on the use of colour coded cleaning equipment in accordance with The National Patient Safety Agency was included.	

### 5.3 Medical and Other Emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Jaffa and 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 Jaffa and 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. 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 Jaffa and staff 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?**

The policy for the management of medical emergencies reflected best practice guidance. Written protocols were not available for staff reference outlining the local procedure for dealing with the various medical emergencies. A recommendation was made in this regard.

Discussion with Mr Jaffa and 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 Mr Jaffa and 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 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 Jaffa and 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**

Written protocols should be available for staff reference outlining the local procedure for dealing with the various medical emergencies.

<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. The policy was comprehensive and reflected best practice guidance.

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

- positive proof of identity, including a recent photograph;
- 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

During the announced inspection on 19 March 2013 it was identified that one member of staff had commenced employment in Gentle Dental Care without the required AccessNI enhanced disclosure check having been undertaken. A requirement was made to address this breach of regulation.

During the announced inspection on 10 January 2014 it was established that two new members of staff had been permitted to commence work in Gentle Dental Care without the required AccessNI enhanced disclosure checks having been undertaken. A requirement to address this breach in legislation was stated for the second time.

During the announced inspection on 29 January 2015 a review of the records and discussion with Mr Jaffa confirmed that one new member of staff had been permitted to commence employment without the required AccessNI enhanced disclosure check relating to their work in Gentle Dental Care being in place. Mr Jaffa was advised during the inspection that AccessNI checks are not portable. Given that this requirement had been stated for a second time, enforcement action was considered in discussion with the Head of Nursing Homes, Independent Health Care and Pharmacy Regulation. It was concluded that enforcement action was not appropriate at that time and subsequently the requirement was stated for the third and final time.

During the announced inspection on 3 November 2015 it was again identified that two staff members had commenced employment prior to receipt of a satisfactory AccessNI enhanced disclosure check.

Despite having raised these matters during previous inspections RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. The failure to comply notice relates to staff recruitment practices.

A meeting was held on 11 November 2015 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 15 January 2016.

It was observed that AccessNI enhanced disclosure certificates were retained within staff personnel files reviewed. AccessNI enhanced disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome. A recommendation 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.

Mr Jaffa 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, recruitment and selection procedures were not found to be safe.

### **Is Care Effective?**

As discussed previously, recruitment and selection procedures need to be addressed to ensure a satisfactory AccessNI enhanced disclosure check is in place in the dental practice for any new staff member prior to commencement of employment.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

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

Discussion with Mr Jaffa and staff 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 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 recruitment and selection procedures are effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining a satisfactory AccessNI enhanced disclosure check, prior to commencement of employment, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, significant improvement is required in this area.



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 improvements are required to ensure that recruitment procedures are compassionate.

### **Areas for Improvement**

AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</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 Jaffa, registered person and two dental nurses. 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/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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

### **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 Adam Jaffa, 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.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 3 December 2015	It is recommended that written protocols should be available for staff reference outlining the local procedure for dealing with the various medical emergencies.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> These have been updated and emailed to RQIA.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 3 November 2015	It is recommended that AccessNI enhanced disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> This record is in place and applications are processed in accordance with code of practice		
<b>Registered Manager Completing QIP</b>	Adam Jaffa	<b>Date Completed</b>	2 Dec 2015
<b>Registered Person Approving QIP</b>	Lucy Stock	<b>Date Approved</b>	2 Dec 2015
<b>RQIA Inspector Assessing Response</b>	Carmel McKeegan	<b>Date Approved</b>	29.12.15

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