



The Regulation and  
Quality Improvement  
Authority

Jordan Dental Care  
RQIA ID: 11546  
41-43 Holywood Road  
Belfast  
BT4 3BA

Inspector: Stephen O'Connor  
Inspection ID: IN023407

Tel: 028 9047 1266

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**Announced Care Inspection  
of  
Jordan Dental Care**

**21 December 2015**

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

An announced care inspection took place on 21 December 2015 from 09:50 to 12:00. On the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate.

Issues of concern were identified in relation to the recruitment and selection of staff. Issues in relation to staff recruitment had been identified during previous inspections on 16 October 2012, 19 June 2013 and 28 January 2015. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been seriously compromised.

Following the inspection, RQIA served a failure to comply notice in relation to Jordan 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 recommendations 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 three recommendations had been fully met.

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 28 January 2015.

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

As outlined previously, issues of concern were 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 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 07 January 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 10 March 2016.

## 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 Mr David Jordan, 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 David Jordan	<b>Registered Manager:</b> Mr David Jordan
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr David Jordan	<b>Date Manager Registered:</b> 22 December 2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 3

## 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 David Jordan, registered person, two dental nurses and a trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and three 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 28 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 28 January 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 19(2)(d)</p> <p><b>Stated:</b> Third and final 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 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>Action taken as confirmed during the inspection:</b></p> <p>A review of staff personnel records confirmed that the most recently employed member of staff had commenced work 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>	<p><b>Not Met and subsumed into a Failure to Comply Notice</b></p>
Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>Floors in dental surgeries should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the surgeries reviewed demonstrated that the floors had been sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The dental chair in surgery two should be reupholstered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the dental chair in surgery two demonstrated that it had been reupholstered as recommended.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>To aid effective cleaning ensure keyboards in clinical areas are waterproof.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation demonstrated that the keyboard in surgery one is waterproof. Mr Jordan confirmed that he is trialling this keyboard and is considering providing waterproof keyboards in surgeries two and three. In the interim period the keyboards in surgeries two and three have protective coverings which are cleaned between patients.</p>	<p><b>Met</b></p>

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Jordan 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 Jordan 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. It was identified that the oropharyngeal airways available had been removed from their original packaging making it impossible to ascertain the manufacturer's expiry date. This was discussed with Mr Jordan who confirmed that the oropharyngeal airways had been used recently during training. A recommendation was made to replace the oropharyngeal airways. A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mr Jordan was advised that the replacement oropharyngeal airways should be included in the checking procedure for emergency equipment. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with 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 was generally found to be 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 Mr Jordan 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 Jordan 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 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.

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

### **Areas for Improvement**

The oropharyngeal airways that have been removed from their original packaging should be replaced.

<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 and procedure available in the practice identified that further development was necessary to ensure this policy was reflective of legislation. This was discussed with Mr Jordan and is also addressed within the failure to comply notice.

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

- positive proof of identity, including a recent photograph; and
- evidence of current GDC registration, where applicable.

One file included evidence of qualifications applicable to the person's role and records confirming the person's immunisation status. However the other two files did not include evidence of qualifications or confirmation that the person is physically and mentally fit to fulfil their duties. None of the files reviewed included a criminal conviction declaration, two written references or details of full employment history including an explanation of any gaps in employment if applicable. These issues were discussed with Mr Jordan who was advised of The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which clearly states the information required in respect of employees. A requirement has been made in this regard.

During the announced inspection on 16 October 2012 it was identified that one staff member had commenced employment in Jordan Dental Care without the required AccessNI enhanced disclosure check having been undertaken. A requirement was made to address this.

During the announced inspection on 19 June 2013 it was identified that the AccessNI enhanced disclosure check for the previously identified staff member had not been received. The requirement was stated for the second time.

During the announced inspection on 28 January 2015 a review of the records and discussion with Mr Jordan confirmed that a new member of staff had commenced employment in Jordan Dental Care prior to receipt of a satisfactory AccessNI enhanced disclosure check. Given that this requirement had been stated for a second time, enforcement action was considered in discussion with the Head of Programme for 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 21 December 2015 it was again identified that the most recently employed member of staff had commenced work 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 7 January 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 10 March 2016.

It was also observed that in two of the files reviewed the original AccessNI enhanced disclosure check had been retained. This is not in keeping with the AccessNI Code of Practice. This procedure for reviewing and recording the information contained in AccessNI

enhanced disclosure checks was discussed with Mr Jordan and 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 Jordan 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, with the exception of Mr Jordan whose indemnity certificate was not available for review. Mr Jordan submitted a copy of his indemnity certificate on the 04 January 2016.

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 they comply with all relevant legislation.

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

Induction programme templates are in place relevant to specific roles within the practice. None of the staff personnel files reviewed included evidence that induction programmes were completed when the staff commenced work in the practice. This was discussed with Mr Jordan and a recommendation has been made.

Discussion with Mr Jordan confirmed that with the exception of associate dentists staff have been provided with a contract of employment/agreement and job description. A recommendation has been made that all staff should have a contract of employment/agreement and job description.

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 an enhanced AccessNI check, prior to commencement of employment, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, significant improvements are 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 and selection procedures are compassionate.

### **Areas for Improvement**

Staff personnel files of any staff that commence work in the future must contain all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A record of induction must be retained for staff who commence work in Jordan Dental Care in the future.

All staff including self-employed staff should have a contract of employment/agreement and a job description.

AccessNI enhanced disclosure checks should be handled in keeping with the AccessNI Code of Practice.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of 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 Jordan, registered person, two dental nurses and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that in the main they were provided with a job description and contract of employment/agreement on commencing work in the practice. Two staff indicated that they did not have a contract of employment/agreement, and one staff member indicated that they did not have a job description. As discussed previously a recommendation has been made in this regard. 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.

It was identified that the patient satisfaction report submitted to RQIA prior to the inspection was not dated. Mr Jordan confirmed that the report was generated during April 2014. Mr Jordan was informed that arrangements should be established to ensure that a patient satisfaction report is generated at least on an annual basis. A recommendation was made to address this.

#### Areas for Improvement

Arrangements should be established to consult with patients about the quality of treatment and other services provided. An annual summary report detailing the findings of the patient satisfaction questionnaires should be generated.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of 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 David Jordan, 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 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 RQIA's office 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 person must ensure that staff personnel files of any staff that commence work in the future contain all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.
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**Ref:** Regulation 19 (2)  
(d) Schedule 2

**Stated:** First time

**To be Completed by:**  
21 January 2016

**Response by Registered Person Detailing the Actions Taken:**  
Files will be maintained for each member of staff member, containing the recommended documentation.

### Recommendations

<b>Recommendation 1</b>	It is recommended that the oropharyngeal airways that have been removed from their original packaging are replaced.
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**Ref:** Standard 12.4

**Stated:** First time

**To be Completed by:**  
21 January 2016

**Response by Registered Person Detailing the Actions Taken:**  
Two sets have been ordered/received and will be kept in original packing until required. These will be checked along with expiry dates of other emergency equipment/drugs.

<b>Recommendation 2</b>	It is recommended that a record of induction is retained for staff who commence work in Jordan Dental Care in the future.
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**Ref:** Standard 11.1

**Stated:** First time

**To be Completed by:**  
21 December 2015

**Response by Registered Person Detailing the Actions Taken:**  
This will be included in staff file for future staff.

<b>Recommendation 3</b>	It is recommended that all staff including self-employed staff have a contract of employment/agreement and a job description.
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**Ref:** Standard 11.1

**Stated:** First time

**To be Completed by:**  
21 February 2016

**Response by Registered Person Detailing the Actions Taken:**  
Associate contracts will be drawn up and job descriptions issued.

<b>Recommendation 4</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> 21 December 2015	It is recommended that AccessNI enhanced disclosure checks are handled in keeping with the AccessNI Code of Practice.  <b>Response by Registered Person Detailing the Actions Taken:</b> A separate confidential file will detail staff members' details and Access NI disclosure check dates and references.		
<b>Recommendation 5</b> <b>Ref:</b> Standard 9.4 <b>Stated:</b> First time <b>To be Completed by:</b> 21 February 2016	It is recommended that arrangements are established to consult with patients about the quality of treatment and other services provided. An annual summary report detailing the findings of the patient satisfaction questionnaires should be generated.  <b>Response by Registered Person Detailing the Actions Taken:</b> A patient survey will be compiled and issued within the next month.		
<b>Registered Manager Completing QIP</b>	Mr.D. Jordan	<b>Date Completed</b>	4/2/2016
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	10/02/16