

# Unannounced Enforcement Compliance Inspection Report 4 April 2017



## Keady Dental Surgery

Type of service: IH – Dental Treatment  
Address: 56 Kinelowen Street, Keady, BT60 3SU  
Tel no: 028 3753 1057  
Inspectors: Norma Munn and Stephen O'Connor

## 1.0 Summary

An unannounced inspection of Keady Dental Surgery took place on 04 April 2017 from 10:55 to 11:40.

The purpose of the inspection was to assess the level of compliance achieved in relation to a failure to comply notice, FTC/IHC-DT/11547/2016-17/01, issued on 24 March 2017. The date for compliance with the notice issued on 24 March 2017 was 26 May 2017.

On 28 March 2017 Mr Mallon contacted RQIA to advise that compliance had been achieved and requested the compliance inspection be undertaken on an earlier date.

### FTC Ref: FTC/IHC-DT/11547/2016-17/01

Evidence was available during this inspection to confirm that systems and processes have been implemented to address the deficits identified with the recruitment and selection of staff. RQIA is satisfied that full compliance had been achieved with the above failure to comply notice.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

## 1.1 Inspection outcome

As indicated above, evidence was available to validate full compliance with the above failure to comply notice.

As a result of the findings of this inspection a confirmation of compliance letter was issued.

All enforcement notices for registered agencies/services are published on RQIA's website at: <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity/>

## 1.2 Actions/enforcement taken following the most recent care inspection

Following an announced care inspection on 13 March 2017 a failure to comply notice was issued with regards to recruitment and selection of staff. The date for compliance was 26 May 2017.

## 2.0 Service details

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|---|--|
| <b>Registered organisation/registered person:</b><br>Mr Eamon Mallon<br>Mrs Anne Marie Mallon | <b>Registered manager:</b><br>Mr Eamon Mallon      |
| <b>Person in charge of the practice at the time of inspection:</b><br>Mr Eamon Mallon         | <b>Date manager registered:</b><br>29 October 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment                    | <b>Number of registered places:</b><br>4           |

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

- discussion with Mr Eamon Mallon, registered person
- review of relevant records
- evaluation and feedback

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 March 2017

The requirements and recommendations made during the most recent inspection were not reviewed during this unannounced enforcement compliance inspection. These will be reviewed during the next announced care inspection.

### 4.2 Inspection findings

FTC/IHC-DT/11547/2016-2017/01

The Independent Health Care Regulations (Northern Ireland) 2005 as amended

Regulation 19 (2) A person is not fit to work in or for the purposes of an establishment, or for the purposes of an agency unless –

(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.

#### SCHEDULE 2

INFORMATION REQUIRED IN RESPECT OF PERSONS SEEKING TO CARRY ON, MANAGE OR WORK AT AN ESTABLISHMENT OR AGENCY

1. Positive proof of identity including a recent photograph.
2. Either –
  - (a) where a certificate is required for a position that falls within Regulation 9 of the Police Act 1997 (Criminal Records) (Disclosure) Regulations (Northern Ireland) 2008 a, an enhanced criminal record certificate issued under section 113B of the Police Act 1997 which includes, as applicable, suitability information relating to adults (within the meaning of sections 113BB(2) of that Act) or suitability information relating to children (within the meaning of section 113BA(2) of that Act) or both; or
  - (b) in any other case, a criminal record certificate issued under section 113A of the Police Act 1997.
3. Two written references relating to the person, including a reference from the person's present or most recent employers, if any.
4. Where a person has previously worked in a position whose duties which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position.
5. Documentary evidence of any relevant qualifications or accredited training.
6. A full employment history, together with a satisfactory written explanation of any gaps in employment.
7. Where he is a health care professional, details of his registration with the body (if any) responsible for regulation of members of the health care profession in question.
8. Details of any criminal offences –
  - (a) of which the person has been convicted, including details of any convictions which are spent within the meaning of Article 3 of the Rehabilitation of Offenders (Northern Ireland) Order 1978(a) and which may be disclosed by virtue of the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland 1979)(b); or
  - (b) in respect of which he has been cautioned by a constable and which, at the time the caution was given, he admitted.
9. Confirmation that he is physically and mentally fit to fulfil his duties and responsibilities.
10. Details of any professional indemnity insurance.

The inspection findings of the actions specified in the failure to comply (FTC) notice are as follows:

**The registered person must ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt of a satisfactory AccessNI enhanced disclosure check prior to commencement of employment.**

Mr Mallon confirmed that no new staff have been recruited since the previous inspection. One new member of staff is currently in the process of being recruited and Mr Mallon has applied for an enhanced AccessNI check for this member of staff. Mr Mallon confirmed that this member of staff will be recruited in accordance with statutory legislation and mandatory requirements.

Discussion with Mr Mallon evidenced that he understands his role and responsibility in relation to recruitment and selection of staff. Mr Mallon confirmed that any staff recruited in the future will be recruited in accordance with statutory legislation and mandatory requirements. This will include ensuring that an AccessNI enhanced disclosure check is in place prior to any new staff, including self-employed staff commencing work in the future.

Review of documentation evidenced that an AccessNI enhanced disclosure check had been undertaken and received for the staff member identified during the previous inspection. All relevant information in respect of this check had been recorded in keeping with the AccessNI Code of Practice.

**The registered person must ensure that the staff recruitment policy and procedure contains details of all the required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended.**

A policy and procedure for staff recruitment was in place. The policy included the procedure for ensuring that all required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained. The policy also detailed the procedure for drafting advertisements and completing various employee checklists. The date of implementation has been recorded on the policy and Mr Mallon was advised to also record the review date.

Mr Mallon was named in the policy as the person with overall responsibility for the recruitment of staff. Mr Mallon confirmed that the practice manager will also be responsible for recruitment and selection of staff in the future. The practice manager will support Mr Mallon and review the employee checklists to provide assurances that all recruitment documentation has been sought and retained.

Mr Mallon has agreed to amend the recruitment policy to reflect the accurate timescales recruitment documentation is to be retained in accordance with Regulation 21 (3) (c) of The Independent Health Care Regulations (Northern Ireland) 2005.

**The registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.**

Mr Mallon confirmed during discussions that he understood what was required to be obtained prior to any new staff commencing employment at the practice.

Review of documentation evidenced that employee checklists have been developed since the previous inspection. The employee checklists included all of the required information as outlined in Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Mallon confirmed that these checklists will be completed and retained.

As discussed the recruitment policy included the procedure for completing the new employee checklists and it identifies that Mr Mallon is responsible for implementing the policy.

**The registered person must ensure that all staff involved in recruitment processes receive training or refresher training in safeguarding of children and adults.**

Mr Mallon confirmed that he has overall responsibility for the recruitment of staff and that he will be supported by the practice manager in the future.

Review of documentation evidenced that Mr Mallon had completed training in safeguarding of children and adults on 23 March 2017 and 24 March 2017. Mr Mallon confirmed that refresher training in safeguarding of children and adults was being arranged for the practice manager and other staff in the practice to attend.

Mr Mallon was aware of the regional policies and guidance documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015), 'Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection' (September 2016) and 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016). Mr Mallon confirmed that these documents were available for staff reference and the safeguarding policies are being updated in keeping with the regional policies and guidance.

## Conclusion

The inspection on 04 April 2017 found that the necessary improvements to comply with the regulation set out in the notice had been made. RQIA is satisfied that full compliance had been achieved with the above failure to comply notice.

### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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