



The Regulation and  
Quality Improvement  
Authority

Keady Dental Surgery  
RQIA ID: 11547  
56 Kinelowen Street  
Keady  
BT60 3SU

Inspector: Emily Campbell  
Inspection ID: IN023636

Tel: 028 3753 1057

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**Announced Care Inspection  
of  
Keady Dental Surgery**

**19 November 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 19 November 2015 from 9.50 to 12.10. On the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. Some further development is needed to ensure that recruitment and selection procedures are 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) 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

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> | 0            | 5               |

The details of the QIP within this report were discussed with Mr Eamon Mallon, 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><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 Dental Chairs:</b><br>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 the inspector met with Mr Eamon Mallon, registered person, two associate dentists and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and the procedure for obtaining and reviewing 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 |
|--|---|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref: Regulation 15 (3)</b><br><br><b>Stated: First time</b> | Dental hand pieces should be decontaminated in line with the manufacturer's instructions and any hand pieces which are compatible with the washer disinfectant should be decontaminated using this process. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with a dental nurse confirmed that compatible dental handpieces are decontaminated using the washer disinfectant.                     |                          |

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|--|---|--|
| <p><b>Requirement 2</b></p> <p><b>Ref: Regulation 19(2)(d) and Schedule 2</b></p> <p><b>Stated: First time</b></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> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of documentation evidenced that this requirement has been addressed.</p> | <p><b>Met</b></p>                      |
| <p><b>Last Inspection Recommendations</b></p>  |   | <p><b>Validation of Compliance</b></p> |
| <p><b>Recommendation 1</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: First time</b></p>                     | <p>Should the refurbishment of surgery one not take place within the next six months, it is recommended that in the interim period, the floor in surgery one should be sealed at the edges where it meets the walls and the kicker boards of cabinetry and the cabinet door repainted to provide a surface that can be effectively cleaned.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>The flooring in surgery one has been sealed as recommended. The surgery is currently decommissioned for refurbishment.</p>   | <p><b>Met</b></p>                      |
| <p><b>Recommendation 2</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: First time</b></p>                     | <p>The dental chair in surgery one should be reupholstered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>As discussed above surgery one is currently decommissioned for refurbishment. Mr Mallon confirmed that the dental chair will be replaced as part of the refurbishment.</p>   | <p><b>Met</b></p>                      |

|  |   |                   |
|--|---|-------------------|
| <p><b>Recommendation 3</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: First time</b></p>   | <p>Sharps containers suitable for the disposal of pharmaceutical waste should be provided.</p> <p>The management and disposal of waste policy should be further developed to include pharmaceutical waste arrangements.</p> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made evidenced that purple lidded sharps boxes have been provided. Review of the management and disposal of waste policy confirmed it has been further developed to include pharmaceutical waste arrangements.</p> <p>It was identified that sharps boxes had not been signed and dated on assembly. Mr Mallon confirmed by email on 23 November 2015, that all sharps boxes have now been signed and dated and the relevant policy has been updated to include this arrangement.</p> |   |                   |

### 5.3 Medical and other emergencies

#### Is Care Safe

Review of training records and discussion with Mr Mallon 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 Mallon 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of paediatric pads for use with the automated external defibrillator (AED). A recommendation was made in this regard. The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Mallon is aware that when the current format of buccal midazolam expires it should be replaced with Buccolam pre-filled syringes.

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 Mallon 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 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 Mallon 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 Mallon 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 Mr Mallon 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**

Paediatric pads for use with the AED should be provided.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>1</b> |
|--------------------------------|----------|-----------------------------------|----------|

## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available. A minor amendment was made to the policy to ensure it reflected best practice guidance.

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

- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The following information was not available:

- positive proof of identity, including a recent photograph;
- two written references;
- details of full employment history, including an explanation of any gaps in employment; and
- criminal conviction declaration.

A recommendation was made that this information is obtained and retained in the personnel files of any new staff recruited. Mr Mallon confirmed that he had confirmed identity, obtained verbal references and reviewed employment histories in respect of these staff during the recruitment process; however, he had not retained any records in respect of this.

Enhanced AccessNI checks were received prior to new staff commencing employment in keeping with good practice. However, the storage of disclosure information is not in keeping with AccessNI's code of practice. A recommendation was made in this regard.

A staff register was not 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. A recommendation was made in this regard. Mr Mallon was advised that this is a live document which should be kept updated.

Mr Mallon 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 it was identified that some development is needed to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed, further development is needed to ensure recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Dental nursing staff confirmed they had been provided with job descriptions and contracts of employment. Mr Mallon advised that he had not provided self-employed staff with contracts of agreement. This was discussed with Mr Mallon, who agreed to consider the provision of contracts of agreement for self-employed staff in the future.

Staff confirmed that induction training was provided on commencing work at the practice, however, other than staff signing to confirm they have read relevant policies, there is no formal written induction. A recommendation was made in this regard.

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 development 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.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with Mr Mallon and 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 Mr Mallon and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

### **Areas for Improvement**

Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited.

The storage of disclosure information should be in keeping with AccessNI's code of practice.

A staff register should be developed and kept updated.

Formal written induction programmes should be developed relevant to specific roles within the practice for new staff. Completed induction forms should be retained in staff personnel files.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>4</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Eamon Mallon, registered person, two associate dentists 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 directly employed staff were provided with a job description and contract of employment/agreement on commencing work in the practice. Self-employed staff confirmed they had not been provided with contracts of agreement, as discussed in section 5.4 of the report. 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.

The following comments were provided by staff in submitted questionnaires;

- “Very happy working for XX years here and in that time have never been treated with anything other than respect. The surgery offers a great service for patients.”
- “I am very happy with the service we provide at our practice.”

### 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.

### 5.5.4 Equipment validation

Mr Mallon provided documentation confirming that decontamination equipment has been validated and x-ray equipment has been serviced on an annual basis.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Eamon Mallon, 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.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Recommendations</b>   |  |
| <b>Recommendation 1</b><br><br><b>Ref: Standard 12.4</b><br><br><b>Stated: First time</b><br><br><b>To be Completed by: 19 January 2016</b>  | Paediatric pads for use with the automated external defibrillator (AED) should be provided.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Paediatric Pads ordered .<br>We are advised that delivery may be 6-8 weeks  |
| <b>Recommendation 2</b><br><br><b>Ref: Standard 11.1</b><br><br><b>Stated: First time</b><br><br><b>To be Completed by: 19 November 2015</b> | Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited to include: <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• two written references, one of which should be from the current/most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment; and</li> <li>• criminal conviction declaration.</li> </ul> <b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Above now in Recruitment file, though the majority was already there |
| <b>Recommendation 3</b><br><br><b>Ref: Standard 11.1</b><br><br><b>Stated: First time</b><br><br><b>To be Completed by: 19 November 2015</b> | Enhanced AccessNI disclosure certificates must be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Disclosure certificates previously stored securely off site. Was unaware of requirement to dispose of. Will do so in future   |
| <b>Recommendation 4</b><br><br><b>Ref: Standard 11.1</b><br><br><b>Stated: First time</b><br><br><b>To be Completed by: 19 December 2015</b> | A staff register should be developed and kept updated 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.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Already provided  |

|  |  |                       |          |
|--|--|-----------------------|----------|
| <b>Recommendation 5</b><br><b>Ref: Standard 11.3</b><br><b>Stated: First time</b><br><b>To be Completed by:</b><br><b>19 November 2015</b> | Formal written induction programmes should be developed relevant to specific roles within the practice for new staff. Completed induction forms should be retained in staff personnel files. |                       |          |
|  | <b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Induction pro-forma modified, as per request but can see very little difference to what was already in place.        |                       |          |
| <b>Registered Manager Completing QIP</b>   | Eamon Mallon   | <b>Date Completed</b> | 7/1/2016 |
| <b>Registered Person Approving QIP</b>   | Eamon Mallon   | <b>Date Approved</b>  | 7/1/2016 |
| <b>RQIA Inspector Assessing Response</b>   | Emily Campbell   | <b>Date Approved</b>  | 7.1.16   |

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**