



The **Regulation** and  
**Quality Improvement**  
Authority

**Laganside Dental Practice**  
**RQIA ID: 11557**  
**1A Lockview Road**  
**Belfast**  
**BT9 5FH**

**Inspector: Stephen O'Connor**  
**Inspection ID: IN023406**

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**Tel: 028 9038 1445**

**Announced Care Inspection  
of  
Laganside Dental Practice**

**15 December 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 15 December 2015 from 09:50 to 11:45. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. An outstanding issue from the previous inspection in regards to the further development of the DAC Universal logbook needs to be addressed. One area for improvement is identified and is 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 17 February 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	1

The details of the QIP within this report were discussed with Mr Timothy Crooks 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 Timothy Crooks	<b>Registered Manager:</b> Mr Timothy Crooks
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Timothy Crooks	<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
- 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 Timothy Crooks, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, 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 17 February 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 17 February 2015

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	Further develop the DAC Universal logbook to ensure that the details of the daily automatic control test (ACT) are recorded.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the DAC Universal logbook demonstrated that the details of the daily ACT are not recorded. A dental nurse confirmed that the details of the daily ACT are recorded on a data logger and arrangements are in place to upload the information on the data logger to the practice computer system daily. Mr Crooks and staff were advised that the details of the daily ACT must be recorded in the logbook in order to demonstrate that the information on the data logger has been reviewed and to confirm that the machine has passed the daily ACT. Mr Crooks and staff were referred to the 2013 edition of HTM 01-05 which includes templates for recording the details of the daily ACT. This recommendation has not been addressed and has been stated for the second time.	

## 5.3 Medical and Other Emergencies

### Is Care Safe?

Review of training records and discussion with Mr Crooks 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 Crooks 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 a self-inflating bag with reservoir suitable for use with a child was not available. Mr Crooks readily agreed to provide this equipment and confirmed on 16 December 2015 that the equipment had been purchased. 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 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?**

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. Mr Crooks confirmed that an overarching medical emergency policy had not been developed. Mr Crooks submitted a medical emergency policy on the same day as the inspection. The submitted policy for the management of medical emergencies reflected best practice guidance.

Discussion with Mr Crooks 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 Crooks 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**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</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.

One personnel file of a staff member recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- two written references
- details of full employment history
- documentary evidence of qualifications
- evidence of current GDC registration
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Mr Crooks is aware that this is a live document that should be kept up-to-date.

Mr Crooks 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 found to be safe.

### **Is Care Effective?**

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

One personnel file was reviewed. It was noted that the 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Crooks 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 recruitment and selection procedures were found to be 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 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 recruitment and selection procedures were found to be compassionate.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</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 Timothy Crooks, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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, discussion with Mr Crooks and review of

documentation demonstrated 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 proactively 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 issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Timothy Crooks 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 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

##### Recommendations

##### Recommendation 1

Ref: Standard 13

Stated: Second time

To be Completed by:  
15 December 2015

Further develop the DAC Universal logbook to ensure that the details of the daily automatic control test (ACT) are recorded.

##### Response by Registered Person Detailing the Actions Taken:

Details of the daily ACT are recorded in the logbook to confirm that the information on the data logger has been reviewed and the machine has passed the daily ACT.  
This information has been recorded as requested since 16.12.2015

Registered Manager Completing QIP	<i>Timothy Cooke</i>	Date Completed	16.12.15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	26.01.16
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