



The Regulation and  
Quality Improvement  
Authority

**Calla Dental and Cosmetic Clinic**  
**RQIA ID: 11565**  
**14 Railway Street**  
**Lisburn**  
**BT28 1XG**

**Inspector: Carmel McKeegan**  
**Inspection ID: IN023670**

**Tel: 028 9266 3185**

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**Announced Care Inspection  
of  
Calla Dental and Cosmetic Clinic**

**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 10.30 to 12.00. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. A previous recommendation relating to the flooring of dental surgeries was reviewed and an agreed interim plan for action is recommended. 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 18 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>	1	3

The details of the QIP within this report were discussed with Mr Paul McClarty, 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> McClarty Smiles Ltd Mr Paul McClarty	<b>Registered Manager:</b> Mr Paul McClarty
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Paul McClarty	<b>Date Manager Registered:</b> 4 January 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 6

### 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 McClarty, registered person, Miss Kirstie Pepper, practice manager and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment, and the process 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 18 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 18 February 2015

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	Undertake a weekly protein residue test on the DAC Universal and record the results in the machine logbook. <hr/> <b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of the DAC Universal logbook confirmed that a weekly protein residue test has been undertaken as recommended.	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Establish a time-limited refurbishment programme to replace the floors in all six dental surgeries. The new flooring should be in keeping with best practice guidance as outlined in HTM 01-05.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The dental practice has tiled flooring throughout the premises which extends over the ground floor, first and second floor. Mr McClarty confirmed that the cost of replacing the flooring was significant and that it would not be feasible to undertake the works within an imminent time frame. Taking into account the extent of the works involved, it was recommended that in the interim the grouting of the tiled floor in the dental surgeries is sealed with an appropriate sealant to make it impervious and that flooring is sealed at the edges where it meets the skirting boards and kicker boards of cabinetry.</p> <p>Mr McClarty confirmed that during the next planned refurbishment of the practice, flooring would be provided in keeping with best practice guidance as outlined in HTM 01-05.</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>Overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic and the plug should be removed from the hand washing basin in the decontamination room.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of two dental surgeries evidenced that the overflow in stainless steel hand washing basins had been blanked off using a stainless steel plate. Mr McClarty confirmed that all other hand washing basins had been addressed in the same way.</p>	<p><b>Met</b></p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Contact Health Estates at the Department of Health for advice and guidance in regards to the ventilation system and the air conditioning unit in the decontamination room.</p> <p>Any recommendations made should be addressed and records retained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr McClarty confirmed that John Singh, Health Estates at the Department of Health visited the dental practice on 25 February 2015. Observation of the decontamination room confirmed a new ventilation system has been installed.</p>		

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr McClarty 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 McClarty 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). It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr McClarty was advised that when the current form of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of a self-inflating bag with reservoir suitable for use with a child. RQIA received an electronic mail on 17 December 2015 to confirm that this item had been ordered for 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 McClarty, 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. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr McClarty 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 McClarty 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 McClarty 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**

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?**

Review of the recruitment policy available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. A copy of the revised recruitment policy was received by electronic mail on 16 December 2015, the policy reflected best practice guidance.

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

- positive proof of identity, including a recent photograph
- one staff file provided 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
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable

Review of the four staff personnel files confirmed that an enhanced AccessNI check was received after employment had commenced for each staff member. Mr McClarty and Miss Pepper confirmed that they were now aware that an AccessNI enhanced disclosure check must be undertaken and completed prior to the commencement of employment. A requirement is made in this regard.

Two staff files provided one written reference and one staff file did not have any record of references having been sought. Mr McClarty and Miss Pepper confirmed that two written references will be sought for future applicants and retained in staff personnel files as stated in the revised recruitment policy. A recommendation is made in this regard.

A criminal conviction declaration made by applicants had not been provided; discussion with Mr McClarty and Miss Pepper demonstrated that they had believed that the Access NI enhanced disclosure covered this area. Advice was provided and Mr McClarty and Miss Pepper were referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which states the information required in respect of employees.

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 McClarty and Miss Pepper 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 improvement is needed to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Review of four staff personnel files showed that three files included a contract of employment/agreement. Discussion with Mr McClarty and Miss Pepper confirmed that historically associate dentists have not been provided with a contract of agreement. A recommendation was made that consideration should be given to the provision of a contract of agreement with associate dentists in keeping with best practice.

Induction programme templates are in place relevant to specific roles within the practice with the exception of dentists. Induction programmes were seen to have been completed when new nursing and administration staff join the practice. It is recommended that an induction programme is completed for all staff who work in the practice, including associate dentists.

Discussion with two dental nurses confirmed that they have been provided with a job description, contract of employment 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 generally found to be effective.

### **Is Care Compassionate?**

As previously stated the application of the recently revised recruitment policy and procedure for any new staff appointments will ensure good practice in line with legislative requirements.

AccessNI enhanced disclosure checks had been undertaken in respect of four staff recruited since registration with RQIA, however the process had not completed prior to staff commencing work in the practice. As previously stated, Mr McClarty and Miss Pepper are now aware that an AccessNI enhanced disclosure check must be undertaken and completed prior to the commencement of employment.

Discussion with Mr McClarty 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 McClarty 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 generally found to be compassionate.

### **Areas for Improvement**

An AccessNI enhanced disclosure check must be undertaken for any new staff including self-employed staff prior to them commencing work in the practice. .



Staff personnel files, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including confirmation of induction.

Consideration should be given to the provision of a contract of agreement with associate dentists in keeping with best practice.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</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 Paul McClarty, registered person, Miss Kirstie Pepper, practice manager and two dental nurses. 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 evidenced that, eight of the nine questionnaires indicated that staff were provided with a job description and contract of employment/agreement on commencing work. One questionnaire was discussed with Mr McClarty who confirmed that the areas of improvement identified in section 5.4 of the report will address the issues identified. Completed questionnaires and staff discussions 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 the one complaint received has 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 Paul McClarty, registered person and Miss Kirstie Pepper, practice manager 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 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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 December 2015	<p>The registered person must ensure that an AccessNI enhanced disclosure check is undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Access NI checks to be undertaken before commencement of employment. This has been added to our recruitment policy.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 March 2016	<p>It is recommended that the grouting of the tiled floor in the dental surgeries is sealed with an appropriate sealant to make it impervious and that flooring is sealed at the edges where it meets the skirting boards and kicker boards of cabinetry.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We plan to carry this out over the next 6 months.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 December 2015	<p>It is recommended that 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. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> <li>• two written references</li> <li>• criminal conviction declaration and</li> <li>• a record detailing the topics discussed during induction.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above has been added to our recruitment policy and will be implemented with any new staff starting.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 February 2016	<p>It is recommended that consideration should be given to the provision of a contract of agreement with associate dentists in keeping with best practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We are now in discussion with current associate dentists as to the type of contract that they would like to have in place. Future dentists will now be offered a contract</p>

<b>Registered Manager Completing QIP</b>	Paul McClarty	<b>Date Completed</b>	01/02/2016
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	<b>Carmel McKeegan</b>	<b>Date Approved</b>	01/02/2016

*\*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\**