



The Regulation and  
Quality Improvement  
Authority

**McLaughlin Orthodontics**  
RQIA ID: 11573  
11A Windsor Terrace  
Infirmary Road  
Derry  
BT48 7HQ

Inspector: Stephen O'Connor  
Inspection ID: IN022374

Tel: 028 7137 7511

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**Announced Care Inspection  
of  
McLaughlin Orthodontics**

**8 October 2015**

The Regulation and Quality Improvement Authority  
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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 08 October 2015 from 09:50 to 11:55. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally 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

No actions were required to be taken following the last care inspection on 02 May 2014.

### 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 Joe McLaughlin, 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 Joe McLaughlin	<b>Registered Manager:</b> Mr Joe McLaughlin
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Joe McLaughlin	<b>Date Manager Registered:</b> 08 March 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

McLaughlin Orthodontics operates a total of five dental chairs, providing both private and NHS specialist orthodontic care. The practice is registered with RQIA for two dental chairs which are used for private and NHS dental treatment, while a further three dental chairs are used for NHS treatment only.

### **3. Inspection Focus**

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 Joe McLaughlin, registered person, an associate dentist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, four 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 02 May 2014. No requirements or recommendations were made during this inspection.

#### **5.2 Review of Requirements and Recommendations from the last Care Inspection dated 02 May 2014**

As above.

#### **5.3 Medical and other emergencies**

##### **Is Care Safe?**

Review of training records and discussion with Mr McLaughlin and staff demonstrated 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 McLaughlin 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 observed that Glucagon was stored at room temperature with the other emergency medicines. However, a revised expiry date had not been recorded on the medication packaging or expiry date checklist to reflect that the cold chain had been broken. Mr McLaughlin is aware that Glucagon can be stored at room temperature for up to 18 months within the manufacturer's expiry date from the date the cold chain was broken. On the afternoon of the inspection Mr McLaughlin submitted evidence that a new supply of Glucagon had been ordered. It was also observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr McLaughlin was advised that when the current format of buccal Midazolam expires it should be replaced with the format recommended by the HSCB. 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?**

An overarching policy for the management of medical emergencies has not been established. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr McLaughlin 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 procedures.

Discussion with Mr McLaughlin 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 generally 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

A policy for the management of medical emergencies should be developed to reflect current best practice guidance.

<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?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

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

- evidence that an enhanced AccessNI check was received;
- details of full employment history, including an explanation of any gaps in employment in three files reviewed;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application in two files reviewed;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for AccessNI checks were reviewed. In all four files reviewed records were available to confirm that the checks had been received prior to the staff members commencing work. However, in one file the original enhanced AccessNI check was retained, and in two files a record was retained of the date the check was received, however the unique AccessNI reference number on the check was not recorded. This was discussed with Mr McLaughlin who was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and that a record should be retained of the date the check was received, the unique AccessNI reference number on the check and the outcome of the review.

It was identified that each file included a passport style photograph, however this is not considered to be positive proof of identity. Mr McLaughlin was informed that a copy of an official photographic identification such as a passport or driving licence should be retained. Two files reviewed included a single reference and two files did not include any references. Mr McLaughlin confirmed that references had been requested however they were not received. Mr McLaughlin was advised how to evidence that written references had been requested and how to evidence that verbal references had been sought. Mr McLaughlin was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

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 McLaughlin 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 recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation.

Four personnel files were reviewed. It was noted that two files included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. Mr McLaughlin confirmed that during induction staff sign policies and procedures to confirm that they have read and understood them. However, there is no induction checklist in place to record the topics discussed during induction. The inspector advised that a more robust induction checklist should be established and implemented.

Mr McLaughlin confirmed that staff directly employed by the practice, have been provided with a job description and a contract of employment/agreement and that self-employed staff do not have a contract/agreement.

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 discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed previously Mr McLaughlin was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and a record retained.

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

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff files reviewed.

AccessNI checks must be handled in keeping with the AccessNI Code of Practice. A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.

<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 McLaughlin, registered person, an associate dentist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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. As discussed previously self-employed staff do not have a contract/agreement and a recommendation has been made to address this. 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.

A comment included on a submitted questionnaire is as follows:

- “Practice is great, working environment. Has helped with CPD and also very helpful with further training. Great 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.

## 6. Quality Improvement Plan

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

<p><b>Requirement 1</b></p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p> <p>To be Completed by: 15 October 2015</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff files reviewed.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>This requirement will be implemented henceforth. The proof of identity documentation has now been added to the staff files reviewed.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 8 December 2015</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed. The policy should include the following information:</p> <ul style="list-style-type: none"> <li>• arrangements for staff training;</li> <li>• list of emergency medicines and equipment available;</li> <li>• the checking procedures for emergency medicines and equipment;</li> <li>• how to summons help in an emergency;</li> <li>• the procedure for documenting medical emergencies; and</li> <li>• the procedure to be followed in regards to staff debriefing following a medical emergency.</li> </ul>
	<p><b>Response by Registered Person Detailing the Actions Taken:</b></p> <p>This overarching policy has now been developed and now forms part of the practice's canon of policies.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 8 October 2015</p>	<p>It is recommended that enhanced AccessNI checks are handled in keeping with the AccessNI Code of Practice. A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.</p>
	<p><b>Response by Registered Person Detailing the Actions Taken:</b></p> <p>This recommendation and its obligations is fully understood and will be implemented henceforth.</p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>8 December 2015</b>	It is recommended that all staff who work in the practice, including self-employed staff are provided with a contract/agreement.		
	<b>Response by Registered Person Detailing the Actions Taken:</b> All employed staff have existing contracts already. Self-employed dentists have now been provided with an agreement.		
<b>Registered Manager Completing QIP</b>	Mr Joseph McLaughlin	<b>Date Completed</b>	23 October 2015
<b>Registered Person Approving QIP</b>	Mr Joseph McLaughlin	<b>Date Approved</b>	23 October 2015
<b>RQIA Inspector Assessing Response</b>	<b>Stephen O'Connor</b>	<b>Date Approved</b>	<b>27 October 2015</b>

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