



The Regulation and  
Quality Improvement  
Authority

**McCann and Haran Dental Clinic**  
RQIA ID: 11587  
3 James Street  
Omagh  
BT78 1DH

Inspector: Stephen O'Connor  
Inspection ID: IN023433

Tel: 028 8224 9555

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**Announced Care Inspection  
of  
McCann and Haran Dental Clinic**

**30 September 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 30 September 2015 from 09:50 to 12.00. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed. 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 16 October 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>	3	3

The details of the QIP within this report were discussed with Mr Mark Haran, registered person and the practice manager 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 Mark Haran & Mr Eamonn McCann	<b>Registered Manager:</b> Mr Mark Haran
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Mark Haran	<b>Date Manager Registered:</b> 15 July 2013
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 3

## 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 Mark Haran, registered person, the practice manager, an associate dentist and a dental nurse.

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 16 October 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 16 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated: First time</b></p>	<p>Establish separate individual logbooks for each of the steam sterilisers. Logbooks should contain the following information;</p> <ul style="list-style-type: none"> <li>• Details of the machine and location;</li> <li>• Commissioning report;</li> <li>• Daily/weekly test record sheets;</li> <li>• Quarterly test record sheets; (if applicable);</li> <li>• Annual service/validation certification;</li> <li>• Fault history;</li> <li>• Records to show staff have been trained in the correct use of the machine;</li> <li>• Relevant contacts e.g. service engineer; and</li> <li>• Periodic testing should be undertaken and recorded in keeping with HTM 01-05.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Pre-printed logbooks are in place for each machine used during the decontamination process. Review of the logbooks demonstrated that the results of periodic tests are recorded in keeping with the 2013 edition of HTM 01-05.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (3)</p> <p><b>Stated: First time</b></p>	<p>In keeping with PEL (13) 13 issued by the Department of Health on the 1 October 2013, reusable dental instruments must be decontaminated using an automated validated process. Compatible handpieces must be processed through the washer disinfector.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A dental nurse confirmed that all dental handpieces are manually cleaned prior to sterilisation.</p> <p>Review of a handpiece demonstrated that it is compatible with cleaning using an automated validated process. Mr Haran confirmed that previously handpieces were processed in the washer disinfector, however the practice noted an increased incidence of handpieces requiring repair.</p> <p>The inspector advised Mr Haran that should issues be identified with handpieces following processing in the washer disinfector, the advice and guidance in Professional Estates Letter (PEL) (13) 13 Addendum 1 issued on the 24 March 2015 should be followed. On the afternoon of the inspection PEL (13) 13 Addendum 1 was emailed to the practice.</p> <p>This requirement has not been addressed and it has been stated for the second time. A further recommendation has been made to follow the steps as outlined in PEL (13) 13 Addendum 1.</p>		

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	Establish a policy and procedure for cleaning and maintaining the environment, to include daily, weekly and monthly cleaning schedules, roles and responsibilities of staff and specify the use of colour coded cleaning equipment in accordance with The National Patient Safety Agency guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation demonstrated that a policy for cleaning and maintaining the environment has been established and implemented. This policy includes daily, weekly, and monthly cleaning schedules, the roles and responsibilities of staff and guidance on the colour coding of cleaning equipment.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	Flooring in clinical areas must be impervious and coved or sealed at the edges. Carpets should be removed from the identified surgeries.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that the carpet in surgery two has been removed and replaced with flooring in keeping with flooring specifications as outlined in the 2013 edition of HTM 01-05. The practice manager confirmed that the carpet in surgery three had also been replaced.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	In the interests of infection prevention and control the fabric covered chair should be removed from surgery two.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that the fabric covered chair has been removed from surgery two. The practice manager confirmed that none of the surgeries house fabric covered chairs.	

<p><b>Recommendation 4</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Skin disinfectant rub/gel should be available at the point of care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that skin disinfectant rub/gel was available in surgery two and the decontamination room. The practice manager confirmed skin disinfectant rub/gel is available at the point of care in all clinical areas.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows on all stainless steel hand washing basins must be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the overflows in the stainless steel hand washing basins in surgery two and the decontamination room have been blanked off as recommended. The practice manager confirmed that overflows in all dedicated hand washing basins have been blanked off.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Further develop the periodic testing regime for the washer disinfectant to include:</p> <ul style="list-style-type: none"> <li>• a weekly protein residue test;</li> <li>• review the manufacturer's instructions and if applicable undertake a soil test in keeping with the manufacturer's instructions; and</li> <li>• results of periodic tests should be documented in the logbook and records retained for at least two years.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A pre-printed logbook is in place for the washer disinfectant. Review of the logbook demonstrated that all periodic tests are undertaken and results recorded.</p>	<p><b>Met</b></p>

<b>Recommendation 7</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The Infection Prevention Society (IPS) HTM 01-05 audit tool must be completed every six months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The practice manager confirmed that Mr Haran completes the IPS audit tool every six months in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05. Review of documentation demonstrated that the most recent IPS audit was dated June 2015.	

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with 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 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 in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. The practice manager confirmed that the practice does not have timely access to an automated external defibrillator (AED) and it was observed that oropharyngeal airways were not available. 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 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 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 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**

Messrs McCann and Haran should consult with their medico-legal provider in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed.

Oropharyngeal airways should be provided in the various sizes as recommended by the Resuscitation Council (UK).

<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.

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

- evidence that an enhanced AccessNI check was received after the staff member commenced work;
- evidence of current GDC registration; and
- evidence of professional indemnity insurance.

The file reviewed did not contain positive proof of identity, including a recent photograph, a criminal conviction declaration by the applicant, written references, documentary evidence of qualifications or confirmation that the person is physically and mentally fit to fulfil their duties. The practice manager was informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The arrangements for enhanced AccessNI checks were reviewed. The file reviewed contained a copy of an enhanced AccessNI check. This is not in keeping with the AccessNI Code of Practice. It was also identified that the check was received after the identified staff member commenced work in the practice. The procedure for undertaking, reviewing and handling of enhanced AccessNI checks was discussed with the practice manager.

A staff register was 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 was established during the inspection. The practice manager was advised that the staff register is a live document and should be kept up-to-date.

The practice manager 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 including checks to ensure references are bona fide.

One personnel file was reviewed. It was noted that the files did not include a contract of employment/agreement. This was discussed with the practice manager who confirmed that self-employed staff have not been issued with a contract/agreement.

Induction programme templates are in place relevant to specific roles within the practice. However, the file reviewed did not contain evidence confirming that the staff member had completed an induction programme.

Discussion with staff confirmed that in the main they have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice. One staff member confirmed that they did not have a contract/agreement. As stated previously this was discussed with the practice manager.

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 in need of further development to ensure they are effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated that further development is needed to reflect 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. As previously stated, review of one staff personnel file demonstrated that an enhanced AccessNI check had been undertaken; however this was received after the identified staff member commenced work. The importance of obtaining enhanced Access NI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with the practice manager.

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**

AccessNI checks must be received prior to any new staff commencing work in the practice. AccessNI checks must be handled in keeping with the AccessNI Code of 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. In addition positive proof of identity including a photograph, a criminal conviction declaration by the applicant, contract/agreement of employment, details of full employment history, including an explanation of any gaps in employment; and documentary evidence of qualifications, should be added to the staff file reviewed.

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

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</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 Haran, registered person, the practice manager, 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. None were returned to RQIA within the timescale required. The practice manager confirmed that questionnaires were distributed to staff.

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 the practice manager confirmed that self-employed staff do not have a contract/agreement. 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 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 Mark Haran, registered person and the 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 persons 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 persons 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>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (3)</p> <p><b>Stated: Second time</b></p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>In keeping with PEL (13) 13 issued by the Department of Health on the 1 October 2013, reusable dental instruments must be decontaminated using an automated validated process. Compatible handpieces must be processed through the washer disinfecter.</p> <p><b>Response by Registered Persons Detailing the Actions Taken:</b> NOW COMPLINAT</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>The registered persons must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> <li>• enhanced AccessNI checks must be undertaken and received prior to the commencement of employment for any new staff recruited; and</li> <li>• enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice.</li> </ul> <p><b>Response by Registered Persons Detailing the Actions Taken:</b> NOW COMPLIANT</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>The registered persons must ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005; in addition a record of staff induction must be retained.</p> <p>The registered persons must ensure that the following records are added to the staff file reviewed:</p> <ul style="list-style-type: none"> <li>• positive proof of identity including a photograph;</li> <li>• a criminal conviction declaration by the applicant;</li> <li>• contract/agreement of employment;</li> <li>• details of full employment history, including an explanation of any gaps in employment; and</li> <li>• documentary evidence of qualifications.</li> </ul> <p><b>Response by Registered Persons Detailing the Actions Taken:</b> NOW COMPLIANT</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 November 2015	It is recommended that should issues be identified with hand pieces following processing in the washer disinfectant, the advice and guidance in Professional Estates Letter (PEL) (13) 13 Addendum 1 issued on the 24 March 2015, should be followed, and a record retained.		
	<b>Response by Registered Persons Detailing the Actions Taken:</b> NOW COMPLIANT		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 November 2015	It is recommended that the following issues in relation to emergency equipment are addressed: <ul style="list-style-type: none"> <li>• Messrs McCann and Haran should consult with their medico-legal provider in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed; and</li> <li>• Oropharyngeal airways should be provided in the various sizes as outlined in the Resuscitation Council (UK) guidelines.</li> </ul>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> NOW COMPLIANT		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 November 2015	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.		
	<b>Response by Registered Persons Detailing the Actions Taken:</b> NOW COMPLIANT		
<b>Registered Manager Completing QIP</b>	BERNIE MC SORLEY	<b>Date Completed</b>	12/10/15
<b>Registered Person Approving QIP</b>	MARK HARAN	<b>Date Approved</b>	12/10/15
<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	14/10/2015

*\*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\**