



The Regulation and  
Quality Improvement  
Authority

Morrison Dental Surgery  
RQIA ID: 11607  
11 Thorndale Avenue  
The Roddens  
Larne  
BT40 1QX

Inspector: Carmel McKeegan  
Inspection ID: IN023680

Tel: 028 28260981

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**Announced Care Inspection  
of  
Morrison Dental Surgery**

**16 December 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 16 December 2015 from 09.30 to 11.00. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern

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 14 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>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Ian Morrison	<b>Registered Manager:</b> Mr Ian Morrison
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Ian Morrison	<b>Date Manager Registered:</b> 6 February 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; 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 Ian Morrison, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment and the procedure for obtaining and reviewing patient medical histories.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 14 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 14 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time	Patient satisfaction surveys should be carried out at least on an annual basis and a summary of the results made available to patients.  <b>Action taken as confirmed during the inspection:</b> A patient consultation survey was last undertaken in January 2015 with a summative report available for service users.	<b>Met</b>

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	Replace the carpeting in the first floor surgery with suitable flooring in keeping with HTM 01-05.  Remove or clad over wallpaper in the decontamination room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion and observation of the first floor surgery confirmed that the carpet has been removed and new flooring compliant with HTM 01-05 was provided.  The walls of the decontamination room had been clad over as recommended.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The Infection Prevention Society (IPS) audit tool for HTM 01-05 should be completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Morrison and review of documentation confirmed that the IPS audit tool is undertaken six monthly.	

### 5.3 Medical and Other Emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Morrison 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 Morrison 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 Morrison 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. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mr Morrison is the identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Morrison, 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 Morrison 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 Morrison 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?

A recruitment policy and procedure was not available. Mr Morrison stated he does not and will not need to recruit staff; therefore a recruitment policy will not serve any purpose for the dental practice. The inspector discussed the possibility of unplanned and unexpected staff absences and how the dental practice may be affected should this occur. Mr Morrison stated that he employs more dental nurses than is actually needed, therefore staff always have the capacity to change work patterns to ensure the needs of the dental practice are not affected.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. Mr Morrison confirmed on discussion that he was aware that the following information would be retained in the event of any new staff being recruited:

- 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, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable

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 Morrison 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?

Mr Morrison confirmed that he was aware of all relevant legislation including The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which clearly states the information required in respect of employees to ensure checks, qualifications, registrations and references are bona fide.

Induction programme templates are in place relevant to specific roles within the practice. A sample of three evidenced that induction programmes had been completed for existing staff.

Discussion with staff confirmed that they had been provided with a job description, contract of employment and received induction training when they commenced work in the practice.

Staff discussions confirmed that they are aware of their roles and responsibilities.

The 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?**

Discussion with Mr Morrison and staff confirmed that all the dental nurses have been employed in Morrison Dental Surgery for many years.

The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Morrison.

Discussion with Mr Morrison and the dental nurses 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 Morrison and the dental nurses 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 Morrison, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three 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 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.



**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	<i>J. Morrison</i>	<b>Date Completed</b>	<i>10/2/16</i>
<b>Registered Person</b>	<i>J. Morrison</i>	<b>Date Approved</b>	<i>10/2/16</i>
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

Please provide any additional comments or observations you may wish to make below:

*\*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\**

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.



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<b>RQIA Inspector Assessing Response</b>	Carmel McKeegan	<b>Date Approved</b>	16/02/16
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