



The Regulation and  
Quality Improvement  
Authority

The Elliott House Dental Practice  
RQIA ID: 11628  
5-7 Belmore Street  
Enniskillen  
BT74 6AA

Inspector: Stephen O'Connor  
Inspection ID: IN023918

Tel: 028 6632 3037

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**Announced Care Inspection  
of  
The Elliott House Dental Practice**

**22 January 2016**

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 22 January 2016 from 09:50 to 13:00. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. An improvement in the management of recruitment and selection is necessary in order for care to be safe, effective and compassionate. It was also identified that the patient feedback summary report needs further development to fully reflect all findings of the patient satisfaction survey. 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 requirements or recommendations were made as a result of the last care inspection on 16 September 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	1

The details of the QIP within this report were discussed with Ms Aisling Leydon, Registered 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> Oasis Dental Care Mr David Andrew Relf	<b>Registered Manager:</b> Ms Aisling Leydon
<b>Person in Charge of the Practice at the Time of Inspection:</b> Ms Aisling Leydon	<b>Date Manager Registered:</b> 21 December 2015
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 7

Following the previous inspection Ms Aisling Leydon submitted a registered manager application in respect of The Elliott House Dental Practice. This application was reviewed and approved with effect from 21 December 2015.

## 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 Ms Leydon, Registered Manager, the lead dental nurse, a trainee dental nurse and an associate dentist.

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 16 September 2014. No requirements or recommendations were made during this inspection.

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

As above.

## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Ms Leydon 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 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 noted that the format of buccal Midazolam available was not in keeping with the Health and Social Care Board (HSCB) guidance. Ms Leydon was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as 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 Ms Leydon and 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 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

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.

Four personnel files of staff recruited since registration with RQIA were 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 in three files;
- 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.

The arrangements for enhanced AccessNI checks were reviewed. In one of the files it was identified that the enhanced Access NI check was received after the staff member commenced work. The procedure for undertaking AccessNI checks was discussed with Ms Leydon. A requirement was made that enhanced AccessNI checks are received prior to any new staff commencing work in the practice.

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. Ms Leydon is aware this is a live document and should be kept up-to-date.

Ms Leydon 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?**

In the main the dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed, further improvement is necessary to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the future.

Four personnel files were reviewed. It was noted that each 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 four evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Leydon 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

## **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated 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 an issue was identified in relation to enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Leydon.

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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

## Areas for Improvement

Enhanced AccessNI checks must be received prior to any new staff commencing work in the practice.

<b>Number of Requirements:</b>	<b>1</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 Ms Leydon, registered manager, the lead dental nurse, a trainee dental nurse and an associate dentist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Fifteen 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.

The following comments were provided in submitted questionnaires:

- “High standard of care and services”
- “Like to provide a professional service at all times”
- “Decontamination room, too warm, no aircon”

The comment in regards to the ambient room temperature in the decontamination room was discussed with Ms Leydon. As it is not appropriate for air conditioning to be installed in a decontamination room Ms Leydon was advised that she should undertake an investigation into the ambient room temperature in the decontamination room. The investigation should establish if the make-up ventilation system is in working order and include the monitoring of ambient room temperatures. Ms Leydon was advised that following this investigation a risk assessment should be undertaken and any identified action points addressed. Ms Leydon was advised that she could consult with a representative from the Sustainable Development Engineering Branch (SDEB) at the Department of Health (DOH) for advice and guidance in this regard.

### 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. Discussion with Ms Leydon, review of documentation and the evidence provided in the returned questionnaire indicated 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.

A copy of the most recent 'patient feedback' summary was submitted to RQIA prior to the inspection. It was noted that the summary only reflected the responses of three of the nine questions included in the questionnaire. A recommendation was made that the patient feedback summary is further developed to reflect the collated results of all questions in the patient satisfaction survey for future surveys carried out.

#### Areas for Improvement

The summary of patient satisfaction surveys should be further developed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Leydon, registered 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 persons 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(s) 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(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1** The registered persons must ensure that enhanced AccessNI checks are received prior to any new staff commencing work in the practice.

**Ref:** Regulation 19 (2)  
Schedule 2 (2)

**Stated:** First time

**To be Completed by:**  
22 January 2016

**Response by Registered Persons Detailing the Actions Taken:**  
All future Access NI checks will be received and reviewed before new staff member commences work.

### Recommendations

**Recommendation 1** It is recommended that the patient feedback summary report should be further developed to reflect the collated results of all questions in the patient satisfaction surveys.

**Ref:** Standard 19.2

**Stated:** First time

**To be Completed by:**  
22 March 2016

**Response by Registered Persons Detailing the Actions Taken:**  
New patient feedback summary report in place.

<b>Registered Manager Completing QIP</b>	Aisling Leydon	<b>Date Completed</b>	21/02/2016
<b>Registered Person Approving QIP</b>	Andy Relf	<b>Date Approved</b>	22/02/2016
<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	26/02/2016

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