



The **Regulation** and  
**Quality Improvement**  
Authority

**Portglenone Dental Care**  
**RQIA ID: 11641**  
**58 Main Street**  
**Portglenone**  
**BT44 8HR**

**Inspector: Norma Munn**  
**Inspection ID: IN023347**

---

**Tel: 028 2582 2115**

**Announced Care Inspection  
of  
Portglenone Dental Care**

**28 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)**

## Summary of Inspection

An announced care inspection took place on 28 September 2015 from 10.00 to 12.30. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate. One outstanding issue from the previous inspection also needs 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 23 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>	<b>2</b>	<b>2</b>

The details of the QIP within this report were discussed with Mrs Anne O'Rawe, 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> Mrs Anne O'Rawe	<b>Registered Manager:</b> Mrs Anne O'Rawe
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Anne O'Rawe	<b>Date Manager Registered:</b> 9 March 2012
<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 Mrs O'Rawe, registered person, one dental nurse and one receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and two 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 23 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 23 October 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	Sharps boxes should be signed and dated on assembly and final closure.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Signatures and dates were not recorded on two sharps boxes observed. Discussion with Mrs O'Rawe confirmed that sharps boxes in the practice had not been signed or dated on assembly or final closure. This recommendation has been stated for a second time.	
<b>Recommendation 2</b>  <b>Ref: Standard 9</b> <b>Stated: First time</b>	Results of the annual patient consultation should be made available to patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of the annual patient consultation displayed in the reception area and discussion with Mrs O'Rawe demonstrated that the results of the most recent annual patient consultation are available to patients.	

## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Mrs O'Rawe 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.

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 with the exception of an ambu-bag suitable for use with children. Oropharyngeal airways were in place however these items were not covered and there was no expiry date identified. An email was received by RQIA on 11 October 2015 to confirm that the replacement airways and the ambu-bag had been ordered. Mrs O'Rawe confirmed that the practice does not have an automated external defibrillator (AED). However, formal arrangements are in place to access an AED within close proximity to the practice.

The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector 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 Mrs O'Rawe 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. A minor amendment was made to the policy to include the checking of emergency equipment. Confirmation of this amendment was received by RQIA on 11 October 2015 by email. 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>
--------------------------------	----------	-----------------------------------	----------

## 5.4 Recruitment and selection

### Is Care Safe?

There was a recruitment policy and procedure available. The policy needs further development to include the provision of two written references, a full employment history, an enhanced AccessNI disclosure check and a criminal conviction declaration in accordance with legislation and best practice guidance.

Two 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 one file;
- details of full employment history, including an explanation of any gaps in employment in one file;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. Prior to the inspection RQIA had received an email on 22 September 2015 from Mrs O'Rawe confirming that one member of staff had an AccessNI check on file that had been received in respect of a previous employer. On the day of the inspection one file reviewed did contain an AccessNI check for a previous employer and a new check had not been undertaken by the practice. Discussion with Mrs O'Rawe demonstrated that she is aware that AccessNI checks are not portable. Mrs O'Rawe readily agreed to apply for an AccessNI check for the identified staff member. Following the inspection RQIA received an email on 11 October 2015 from the practice to confirm that an AccessNI check for the identified staff member had been undertaken and received. Both files examined contained copies of the original enhanced AccessNI disclosures. This is not in keeping with AccessNI Code of Practice. Mrs O'Rawe was advised that AccessNI checks should be handled in keeping with the AccessNI Code of Practice and a record should be retained of the date the check was applied for, the date the check was received, the unique AccessNI reference number on the check and the outcome of the review.

The two files reviewed did not contain evidence that staff were physically and mentally fit to fulfil their duties, that two written references had been obtained, and there was no evidence that a criminal conviction declaration had been made by the applicants. In one file reviewed details of employment history had not been recorded. Mrs O'Rawe 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 developed during the inspection 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.

Mrs O'Rawe 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 previously stated, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure references are bona fide.

Two 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs O'Rawe 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, in one file the AccessNI check for a previous employer was retained and a new check had not been undertaken by the practice. 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 Mrs O'Rawe.

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 undertaken and received prior to the commencement of employment for any new staff recruited. 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.

Staff personnel files for any staff that 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.

The recruitment policy should be further developed to include reference to two written references, enhanced AccessNI checks, employment history and criminal conviction declaration in accordance with legislation and best practice guidance.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mrs O'Rawe, registered person, one dental nurse and one receptionist. 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 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:

"Great practice and a good team. Plenty of support."

"We provide a great service to our patients."

"We work as a great team."

"All team members work well together to provide an excellent service for patients. On the whole patients are happy with the service provided."

"This practice has a great working environment where we provide the best care possible for every patient."

"I feel as a practice we provide excellent care towards our patients."



### **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 Mrs Anne O'Rawe, 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 **RQIA's office (non- paperlite)** 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

Ref: Regulation 19 (2)  
Schedule 2

Stated: First time

To be Completed by:  
28 October 2015

The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:

- enhanced AccessNI checks must be undertaken and received prior to the commencement of employment for any new staff recruited; and
- enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice.

#### Response by Registered Person(s) Detailing the Actions Taken:

• Following announced inspection 28/9/15 I can advise enhanced AccessNI checks undertaken + received prior to new staff commencing employment  
• Enhanced AccessNI checks will be handled in keeping with AccessNI code of practice

#### Requirement 2

Ref: Regulation 19 (2)  
Schedule 2

Stated: First time

To be Completed by:  
28 September 2015

The registered person 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.

#### Response by Registered Person(s) Detailing the Actions Taken:

Moving forward from the inspection I will insure that staff personnel files for newly recruited staff, including self employed staff contain all info as specified in Schedule 2 of the independent Health Care Regulations (NI) 2005

### Recommendations

#### Recommendation 1

Ref: Standard 13

Stated: Second time

To be Completed by:  
28 September 2015

Sharps boxes should be signed and dated on assembly and final closure.

#### Response by Registered Person(s) Detailing the Actions Taken:

Sharps boxes ~~shd~~ will be signed and dated on assembly and final closure (immediately in action).

<p><b>Recommendation 2</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 28 December 2015</p>	<p>It is recommended that the recruitment policy is further developed to include reference to two written references, enhanced AccessNI checks, employment history and criminal conviction declaration in accordance with legislation and best practice guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The recruitment policy has been further developed to include 2 written references, Access NI check employment history + criminal conviction declaration.</p>
--	---

Registered Manager Completing QIP	Ame O'Leary	Date Completed	
Registered Person Approving QIP	Ame O'Leary	Date Approved	
RQIA Inspector Assessing Response	Helen Ann	Date Approved	25/11/15

*\*Please ensure this document is completed in full and returned to RQIA's office (non-paperlite) from the authorised email address\**

QUALITY

23 NOV 2015

MOVEMENT AUTHORITY