



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

The Family Practice  
RQIA ID: 11655  
1 Sydney Terrace  
Great James Street  
Londonderry  
BT48 7DQ

Inspector: Stephen O'Connor  
Inspection ID: IN023919

Tel: 028 7126 4155

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**Announced Care Inspection  
of  
The Family Practice**

**26 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 26 January 2016 from 09:50 to 12:00. 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. An 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 19 March 2015.

### 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	2

The details of the QIP within this report were discussed with the Mr Peter Smith, 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 Peter Smith	<b>Registered Manager:</b> Mr Peter Smith
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter Smith	<b>Date Manager Registered:</b> 26 August 2011
<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 Peter Smith, registered person, an associate dentist and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, two 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 19 March 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 29 March 2015

Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>A refurbishment plan should be established to include the following:</p> <ul style="list-style-type: none"> <li>• Complete refurbishment of surgery 1;</li> <li>• Replacement of the flooring in surgeries 2 and 3. Flooring should be impervious, coved at the walls and sealed where cabinetry meets the flooring; and</li> <li>• Refurbishment of damaged cabinetry in surgery 1.</li> </ul> <p>The refurbishment plan should be implemented on completion of the conversion to natural gas.</p> <p>In the interim, exposed wood in the cabinetry in surgeries 1 and 3 should be made good and the flooring in surgery 1 should be sealed at the edges and where cabinetry meets the flooring.</p>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Smith confirmed that in order to convert to a natural gas heating system the pavement outside the practice needs to be lifted to complete ground works. Mr Smith confirmed that Derry City Council had an embargo in place, up to the end of November 2015 preventing local businesses from disturbing the pavement on the street. Mr Smith confirmed that now this embargo has been lifted a gas installation company and a plumber have been scheduled to install the natural gas heating system and that this work is scheduled to start within the next two weeks. Once the natural gas heating system has been installed Mr Smith confirmed that new flooring will be installed in all three dental surgeries and the decontamination room. It was observed that since the previous inspection new cabinetry has been installed in surgery one, the exposed wood in the cabinetry in surgery three has been made good and the flooring in surgery one has been sealed at the edges.</p> <p>This recommendation has been partially addressed and the unaddressed component has been stated for a second time.</p>	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Plugs should be removed from dedicated hand washing basins and the overflows blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the stainless steel hand washing basins in surgeries one and two demonstrated that plugs have been removed and overflows blanked off.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Separate logbooks should be provided for each steriliser and the periodic tests as outlined in HTM 01-05 undertaken and recorded for each machine, including a daily automatic control test (ACT) for the vacuum steriliser.</p> <p>The equipment information should be recorded in each logbook.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> It was observed that one washer disinfectant and one vacuum steriliser were available in the decontamination room. Pre-printed logbooks are available for these machines. Review of the logbooks demonstrated that all periodic tests as outlined in the 2013 edition of HTM 01-05 are undertaken and results recorded.</p>	<p><b>Met</b></p>

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Smith 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 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. 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?**

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 amended during the inspection to include the arrangements in regards to pre-employment checks. They amended policy is comprehensive and reflected best practice guidance.

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received; and
- confirmation that the person is physically and mentally fit to fulfil their duties.

The file reviewed evidenced that whilst an enhanced AccessNI check was provided, this had been received after the staff member commenced work. This was discussed with Mr Smith and a requirement was made to address this.

It was also observed that the staff personnel file reviewed did not include two written references, one of which should be from the person current or most recent employer, an employment history including an explanation of any gaps in employment (if applicable) or a criminal conviction declaration. These issues were discussed with Mr Smith and a recommendation was made that staff personnel files for any staff recruited in the future should include all recruitment documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth and finish dates. Mr Smith is aware that this is a live document that should be kept up-to-date.

Mr Smith 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 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Smith 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 Mr Smith.

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.

Staff personnel files for any staff recruited in the future must include all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

<b>Number of Requirements:</b>	<b>1</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 Peter Smith, registered person, an associate dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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.

## 6. Quality Improvement Plan

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

#### Requirement 1

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

Stated: First time

To be Completed by:  
26 January 2016

The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.

#### Response by Registered Person Detailing the Actions Taken:

THE ABOVE REQUIREMENT WILL BE ADHERED TO AS REQUESTED AND OUTLINED IN THE RECRUITMENT POLICY

### Recommendations

#### Recommendation 1

Ref: Standard 13

Stated: Second time

To be Completed by:  
26 April 2016

A refurbishment plan should be established to include the following:

- Complete refurbishment of surgery 1;
- Replacement of the flooring in surgeries 2 and 3. Flooring should be impervious, coved at the walls and sealed where cabinetry meets the flooring; and
- Refurbishment of damaged cabinetry in surgery 1.

The refurbishment plan should be implemented on completion of the conversion to natural gas.

#### Response by Registered Person Detailing the Actions Taken:

GAS NOW IN AND RADIATORS ETC TO BE FIXED  
REPAIRING 6-2-2016

#### Recommendation 2



Ref: Standard 11.1  
Stated: First time

To be Completed by:  
26 January 2016

It is recommended that staff personnel files for any staff recruited in the future includes all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

#### Response by Registered Person Detailing the Actions Taken:

THE ABOVE REQUIREMENT WILL BE ADHERED TO AS REQUESTED AND OUTLINED IN THE RECRUITING POLICY

Registered Manager Completing QIP		Date Completed	5-2-16
Registered Person Approving QIP		Date Approved	5-2-16
RQIA Inspector Assessing Response		Date Approved	

\*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\*



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<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	07/03/2016
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