



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

**Robert Street Dental Surgery**  
RQIA ID: 11673  
5 Robert Street  
Lurgan  
Craigavon  
BT66 8BE

**Inspector: Jo Browne**  
**Inspection ID: IN022557**

**Tel: 028 3832 7411**

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**Announced Care Inspection  
of  
Robert Street Dental Surgery**

**8 October 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An announced care inspection took place on 8 October 2015 from 10.00 to 12.00. A further inspection was undertaken on 14 October 2015 from 12.45 to 13.15 to review staff personnel files which are held centrally by the human resources department of Clear Dental Care Ltd and were not available on 8 October 2015.

The management of medical emergencies was found to be safe, effective and compassionate. Recruitment and selection was found to be generally safe, effective and compassionate. 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 3 July 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>	2	0

The details of the QIP within this report were discussed with Mrs Diane Matchett, 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> Clear Dental Care (Lurgan) Ltd Mr Mark Tosh	<b>Registered Manager:</b> Mrs Diane Matchett
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Diane Matchett	<b>Date Manager Registered:</b> 26/10/2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 7

## 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 Matchett, registered manager, one dentist and one dental nurse.

The following records were examined during the inspection on 8 October 2015: relevant policies and procedures, training records, job descriptions, contracts of employment and four patient medical histories. The personnel records of three staff were reviewed on 15 October 2015.

## 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 3 July 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 3 July 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	The registered manager should ensure that keyboard covers or “easy clean” waterproof keyboards are used in clinical areas.  <b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation confirmed that all keyboards used within clinical areas were “easy clean” waterproof keyboards.	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	The registered manager should ensure that liquid soap and hibiscrub are not decanted into smaller containers.  <b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation confirmed that liquid soap and hibiscrub are no longer decanted into smaller containers and empty bottles are disposed of when the contents are finished.	<b>Met</b>

## 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 the majority of emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice. On 8 October 2015 it was observed that the oropharyngeal airways had exceeded their expiry date, a range of facemasks to suit adults and paediatrics and a paediatric self-inflating bag with reservoir were not available. This was addressed immediately by the practice and it was confirmed that all equipment was available on 15 October 2015.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs Matchett was advised that when the current form of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the 15 October 2015 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.

The personnel files of staff are held centrally in Belfast by the human resources (HR) department for Clear Dental Care Ltd. Only some information was retained by the practice and available for inspection on 8 October 2015. It was agreed that the files of three staff who were recruited since registration with RQIA would be sent to the practice for review on 15 October 2015.

The files of three staff members were reviewed and the following was retained:

- positive proof of identity, including a recent photograph for all staff
- evidence that an enhanced AccessNI check was received prior to commencement of employment for all staff
- two written references were provided in one staff file
- details of full employment history, including an explanation of any gaps in employment was provided in one staff file
- documentary evidence of qualifications, where applicable for all staff
- evidence of current GDC registration, where applicable for all staff
- criminal conviction declaration on application in one staff file
- confirmation that the person is physically and mentally fit to fulfil their duties in one staff file
- evidence of professional indemnity insurance, where applicable

As outlined above some of the information required by legislation in two staff files was not available within their personnel files held by HR. The records required in respect of employees as stated in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, must be available at all times for inspection.

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.

Mrs Matchett 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 require some improvement to be safe.

### Is Care Effective?

The dental service's recruitment and selection procedures generally comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. However as previously stated references were not retained in the personnel files of the two dentists reviewed.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates were available for dental nurses. Mrs Matchett confirmed that dentists were provided with a verbal induction. A sample of one evidenced that induction programmes are completed when new staff dental nurses join the practice. Following the inspection on 8 October 2015, job specific induction programmes for all roles within the practice were developed.

Discussion with Mrs Matchett 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 recruitment and selection procedures were found to be generally effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated general 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.

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**

All information required by legislation must be retained for new members of staff recruited.

Personnel files must be available for inspection at all times.

<b>Number of Requirements:</b>	<b>2</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 Mrs Matchett, registered manager, one dentist and one dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Twelve 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. Review of documentation, discussion with Mrs Matchett and 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.

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 Diane Matchett, 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 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 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

<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) (d)  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 October 2015	The registered persons must ensure that all information as required by Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 is retained for all new staff recruited.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> More robust measures have been implemented to ensure that all necessary documentation pertinent to staff recruitment is sought and retained on file.		
<b>Requirement 2</b>  <b>Ref:</b> Regulation 21 (3) (b) Schedule 3 Part II (8)  <b>Stated:</b> First time  <b>To be Completed by:</b> 15 November 2015	The registered persons must ensure that personnel files are available for inspection at all times.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Copies of staff personnel records are being located, and securely stored, within the practice		
<b>Registered Manager Completing QIP</b>	Diane Matchett	<b>Date Completed</b>	13.11.15
<b>Registered Person Approving QIP</b>	Mark Tosh	<b>Date Approved</b>	13.11.15
<b>RQIA Inspector Assessing Response</b>	Jo Browne	<b>Date Approved</b>	24/11/15

*\*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\**