



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

**Saintfield Dental Care**  
**RQIA ID: 11683**  
**16-18 Main Street**  
**Saintfield**  
**Ballynahinch**  
**BT24 7AA**

**Inspector: Philip Colgan**  
**Inspection ID: IN023935**

**Tel: 028 9751 9055**

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**Announced Care Inspection  
of  
Saintfield Dental care**

**2 March 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 2 March 2016 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 4 February 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>	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> Saintfield Dental Care Mr Peter Thompson	<b>Registered Manager:</b> Mr Peter Thompson
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter Thompson	<b>Date Manager Registered:</b> 04/11/2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 4

### 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 Thompson, registered person, the practice manager 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 the process for obtaining and updating 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 4 February 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 4 February 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15(1)(c)</p> <p><b>Stated:</b> Second time</p>	<p>Establish a system to record the sterilisation cycle for the identified non-vacuum steriliser without a data logger or paper print out system.</p> <p>The information in relation to completed sterilisation cycles must be recorded in the log book for the machine.</p> <p>This should be done by undertaking and recording an automatic control test (ACT) for each cycle of the steriliser.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion and observation evidenced that this requirement has been met.</p>	
<b>Last Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> Ref: Standard 8 Stated: Second time</p>	<p>Increase the frequency of x-ray quality auditing to six monthly.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this recommendation has been met.</p>	<b>Met</b>
<p><b>Recommendation 2</b> Ref: Standard 13 Stated: First time</p>	<p>The overflows in the dedicated stainless steel hand washing basins in surgeries should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion and observation evidenced that this recommendation has been met.</p>	<b>Met</b>
<p><b>Recommendation 3</b> Ref: Standard 13 Stated: First time</p>	<p>Mr Thompson should check with the manufacturer to determine if a disinfectant should be added to bottled water supplied dental unit water lines (DUWLs) when reverse osmosis (RO) water is used and actions implemented if required.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion and observation evidenced that this recommendation has been met.</p>	<b>Met</b>
<p><b>Recommendation 4</b> Ref: Standard 13 Stated: First time</p>	<p>All clinical waste bins should be pedal operated.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion and observation evidenced that this recommendation has been met.</p>	<b>Met</b>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Purple lidded sharps boxes should be provided for the disposal of partially discharged local anaesthetic (LA) cartridges.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion and observation evidenced that this recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The complete version of the 2013 edition of HTM 01-05 should be made available to staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this recommendation has been met.</p>	<p><b>Met</b></p>

### 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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of an automated external defibrillator (AED). There is access to an AED in close proximity to 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.

**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.

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,
- two written references,
- details of full employment history, including an explanation of any gaps in employment,
- documentary evidence of qualifications,
- evidence of current GDC registration,
- criminal conviction declaration on application, and
- confirmation that the person is physically and mentally fit to fulfil their duties.

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 Thompson 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?**

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

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

Induction programme templates are in place relevant to specific roles within the practice. The dental nurse confirmed that induction programmes are completed when new staff join the practice.

Discussion with Mr Thompson confirmed that staff have been provided with a job description, contract of employment 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 effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated 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

No areas for improvement were identified during the inspection.

### 5.5 Additional Areas Examined

#### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with the practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight 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 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.

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.



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

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Peter Thompson	<b>Date Completed</b>	11/04/16
<b>Registered Person</b>	Peter Thompson	<b>Date Approved</b>	11/04/16
<b>RQIA Inspector Assessing Response</b>	Philip Colgan	<b>Date Approved</b>	15/04/16

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\**