



The Regulation and  
Quality Improvement  
Authority

The Smile Shop (Lisburn)  
RQIA ID: 11710  
19 -21 Sloan Street  
Lisburn  
BT27 5AG

Inspector: Norma Munn  
Inspection ID: IN023648

Tel: 028 9266 1616

---

**Announced Care Inspection  
of  
The Smile Shop (Lisburn)**

**21 December 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)

## 1. Summary of Inspection

An announced care inspection took place on 21 December 2015 from 13.00 to 14.00. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of 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 10 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>	<b>0</b>	<b>4</b>

The details of the QIP within this report were discussed with Mr Ian Hulatt and Ms Judith Hulatt, registered persons, 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 Ian Hulatt Ms Judith Hulatt	<b>Registered Manager:</b> Mr Ian Hulatt
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Ian Hulatt	<b>Date Manager Registered:</b> 23 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
- 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 Hulatt and Ms Hulatt, registered persons, one associate dentist and three dental nurses.

The following records were examined at the premises of The Smile Shop, Banbridge also operated by Mr Hulatt and Ms Hulatt on the same day as this inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment and the procedure for obtaining and reviewing 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 10 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 10 February 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>Records should be retained regarding the Hepatitis B immunisation status of clinical staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of staff files and discussion with Ms Hulatt confirmed that records have been retained regarding Hepatitis B immunisation status with the exception of two members of staff. RQIA received confirmation by electronic mail on 4 January 2016 confirming that the one of the tests had been carried out for one staff member and the other was due on 7 January 2016.</p> <p>Confirmation was received on 7 January 2016 to confirm that the records from both are now retained on file.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Flooring in the decontamination room should be sealed where cabinetry meets the flooring.</p> <p>Flooring in the surgeries should be sealed at the edges.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with Mr Hulatt confirmed that the flooring is sealed at the edges in the surgeries and sealed where it meets the cabinetry in the decontamination room.</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>The overflows in the dedicated stainless steel hand washing basins in dental 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> Observation of the surgeries and discussion with Mr Hulatt confirmed that the dedicated hand washing basins overflows had been blanked off as recommended.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>All clinical waste bins should be pedal operated.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with Mr Hulatt confirmed that all clinical waste bins are foot/pedal operated.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Washer disinfectant, DAC Universal and steriliser periodic tests must be undertaken and recorded in the equipment logbooks in keeping with HTM 01-05.</p> <p>This includes undertaking and recording a daily automatic control test (ACT) for the steriliser and DAC Universal.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the dental nurse confirmed that periodic tests and daily automatic control tests have been undertaken and are recorded in the equipment log books.</p>	<p><b>Met</b></p>

## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Mr Hulatt, Ms Hulatt 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. However, discussion with Ms Hulatt and review of training records evidenced that the most recent training carried out in October 2015 only included training in resuscitation and did not include other medical emergencies. Ms Hulatt has agreed to source further training in the management of medical emergencies.

Discussion with Mr Hulatt, Ms Hulatt and 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 a self-inflating bag with reservoir suitable for use with a child. The self-inflating bag was ordered on the day of the inspection. A robust system is in place to ensure that emergency medicines do not exceed their expiry date. A system was developed on the day of the inspection to ensure that emergency equipment is also checked. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Hulatt, Ms Hulatt 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 was reviewed. A minor amendment was made to the policy on the day of the inspection to include the arrangements regarding incident documentation and staff debriefing. The revised policy reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Hulatt, Ms Hulatt and 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 Mr Hulatt, Ms Hulatt and 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?

Review of the recruitment policy and procedure available in the practice identified that further development is needed to ensure the policy is reflective of legislation and best practice guidance. A recommendation has been made.

The personnel file of one member of staff 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 prior to commencement of employment
- documentary evidence of qualifications
- evidence of current GDC registration
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

The file did not contain two written references, details of full employment history or a criminal conviction declaration made by the applicant. This was discussed with Mr Hulatt and Ms Hulatt and a recommendation has been made.

A staff register was developed following 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.

Mr Hulatt and Ms Hulatt 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 generally found to be safe.

### **Is Care Effective?**

As previously stated the recruitment and selection procedure needs to be further developed to comply with relevant legislation and include checking procedures to ensure qualifications, registrations and references are bona fide.

Induction programme templates are in place relevant to specific roles within the practice. However, the staff personnel file reviewed did not include evidence that an induction programme had been completed when the staff member commenced work in the practice. This was discussed with Mr Hulatt and Ms Hulatt and a recommendation has been made.

Discussion with Mr Hulatt and Ms Hulatt confirmed that in the main staff have been provided with a job description and a contract of employment. The personnel file reviewed did not contain a contract of employment/agreement or a job description. A recommendation has been made.

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 generally found to be 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.

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**

The recruitment policy should be developed in line with legislative and best practice guidance.

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A record of induction must be retained for staff who commence work in the practice in the future.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement and job description. Records of contracts and job descriptions should be retained in the personnel files of any new staff recruited.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>4</b>
--------------------------------	----------	-----------------------------------	----------

## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Hulatt and Ms Hulatt, registered persons, one associate dentist and three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that in the main they were provided with a job description and contract of employment/agreement on commencing work in the practice. Two staff indicated that they did not have a contract of employment/agreement or a job description. As discussed previously a recommendation has been made in this regard. Staff confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that although annual training is provided on the management of cardio pulmonary resuscitation, recent training carried out in October 2015 did not include other medical emergencies. As discussed previously Ms Hulatt has agreed to source further training to include 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 Ian Hulatt and Ms Judith Hulatt, registered persons, 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 persons 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 March 2016</p>	<p>It is recommended that a recruitment and selection policy and procedure is developed to reflect best practice guidance to include:</p> <ul style="list-style-type: none"> <li>the recruitment process, application process, shortlisting, interview and selection, issuing of job description and contract of employment, proof of identification including a recent photograph, two written references, employment history together with a satisfactory written explanation of any gaps in employment, Access NI check, confirmation that the person is physically and mentally fit, verification of qualifications and registration with professional bodies and a criminal conviction declaration by the applicant.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Recruitment and selection policy now developed to reflect guidance provided by inspector.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 December 2016</p>	<p>Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Personnel file check list developed to ensure Schedule 2 is met.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 December 2015</p>	<p>A record of induction should be retained for staff who commence work in the practice in the future.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Record of induction developed and stored in Induction File with copy for personnel file.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 21 January 2016</p>	<p>All staff who work in the practice, including self-employed staff should be provided with a contract/agreement and a job description.</p> <p>Records of contracts/agreements and job descriptions should be retained in the personnel files of any new staff recruited.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Standard contracts prepared and on recruitment will be signed and a copy retained personnel file.</p>

<b>Registered Manager Completing QIP</b>	Ian Hulatt	<b>Date Completed</b>	21/1/16
<b>Registered Person Approving QIP</b>	Ian Hulatt	<b>Date Approved</b>	21/1/16
<b>RQIA Inspector Assessing Response</b>	Norma Munn	<b>Date Approved</b>	31/01/16

*\*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\**

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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.