



The Regulation and  
Quality Improvement  
Authority

The Village Dental Practice  
RQIA ID: 11713  
33 Downpatrick Street  
Crossgar  
BT30 9EA

Inspector: Norma Munn  
Inspection ID: IN022929

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**Announced Care Inspection  
of  
The Village Dental Practice**

**07 October 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 7 October 2015 from 10.00 to 12.10. 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.

### Actions/Enforcement Taken Following the Last Care Inspection

No actions were required to be taken following the last care inspection on 10 September 2014.

#### 1.1 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

#### 1.2 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>2</b>

The details of the QIP within this report were discussed with Ms Orla McCormick, 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> Ms Orla McCormick	<b>Registered Manager:</b> Ms Orla McCormick
<b>Person in Charge of the Practice at the Time of Inspection:</b> Ms Orla McCormick	<b>Date Manager Registered:</b> 15 November 2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

### **3. Inspection Focus**

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 Ms Orla McCormick, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three 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 10 September 2014. No requirements or recommendations were made during this inspection.

#### **5.2 Review of Requirements and Recommendations from the last Care Inspection dated 10 September 2014**

As above.

#### **5.3 Medical and other emergencies**

##### **Is Care Safe?**

Review of training records and discussion with Ms McCormick 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 Ms McCormick 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. 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 Ms McCormick 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. 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 has been one medical emergency in the practice since the previous inspection. Staff demonstrated that this had been managed effectively, efficiently and compassionately.

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. One minor amendment was made to the policy during the inspection.

Three 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;
- two written references;
- details of full employment history;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

None of the files reviewed contained a criminal conviction declaration made by the applicant. This was discussed with Ms McCormick who readily agreed to ensure that criminal conviction declarations would be obtained in the future.

One of the staff files reviewed evidenced that an enhanced AccessNI check was received prior to the staff member commencing work. However, review of the other two staff files showed that the enhanced AccessNI checks were received after the staff members commenced work.

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.

Ms McCormick 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?

The dental service's recruitment and selection procedures generally comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed criminal conviction declarations should be obtained.

Three 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. Discussion with two staff confirmed that an induction had taken place when they commenced employment. However, a record of the completed induction programme was not retained in two of the three files reviewed.

Discussion with Ms McCormick 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 generally found to be effective.

### **Is Care Compassionate?**

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed previously two checks were received after the staff member's commenced work in the practice. Ms McCormick is aware that checks must be received prior to any new staff commencing work 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**

Enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.

A criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files.

A record of inductions should be retained in staff personnel files.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</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 Ms Orla McCormick, registered person 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 template of the patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report during the inspection 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 Ms Orla McCormick, 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 [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>	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.		
<b>Ref: Regulation 19 (2) Schedule 2</b>			
<b>Stated: First time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policies reviewed and enhanced Access NI checks will be undertaken and received before any new member of staff commences work in the practice.		
<b>To be Completed by: 7 October 2015</b>			
Recommendations			
<b>Recommendation 1</b>	It is recommended that staff personnel files for newly recruited staff should include a criminal conviction declaration as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.		
<b>Ref: Standard 11.1</b>			
<b>Stated: First time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policies reviewed and all staff personnel files for newly recruited staff do and will include a criminal conviction declaration as indicated in the regulation 19 (2) Schedule 2 of The Independent Health Care Regulations ( Northern Ireland) 2005.		
<b>To be Completed by: 7 October 2015</b>			
<b>Recommendation 2</b>	It is recommended that a record of induction is retained in staff personnel files.		
<b>Ref: Standard 11.3</b>			
<b>Stated: First time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policies reviewed and a record of induction will be retained in all staff personnel files.		
<b>To be Completed by: 7 October 2015</b>			
<b>Registered Manager Completing QIP</b>	Orla McCormick	<b>Date Completed</b>	26/11/2015
<b>Registered Person Approving QIP</b>	Orla McCormick	<b>Date Approved</b>	26/11/2015
<b>RQIA Inspector Assessing Response</b>	Norma Munn	<b>Date Approved</b>	30/11/2015

*\*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\**