



The Regulation and  
Quality Improvement  
Authority

R S Haugh Dental Practice  
RQIA ID: 11714  
5 Newcastle Street  
Kilkeel  
BT34 4AF

Inspector: Emily Campbell  
Inspection ID: IN024002

Tel: 028 4176 4210

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**Announced Care Inspection  
of  
R S Haugh Dental Practice**

**02 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 10.50 to 12.35. On the day of the inspection the management of recruitment and selection was found to be safe, effective and compassionate. The management of medical emergencies was generally found to be safe, effective and compassionate. One area for improvement was identified and is 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 6 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	1

The details of the QIP within this report were discussed with Mr Raymond Haugh, 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 Raymond S Haugh	<b>Registered Manager:</b> Mr Raymond S Haugh
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Raymond S Haugh	<b>Date Manager Registered:</b> 25 July 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

### 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 Haugh, registered person, and four dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment and the arrangements for the review of 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 6 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 06 February 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 25 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>In the decontamination room:</p> <ul style="list-style-type: none"> <li>• the laminate floor covering needs to be replaced with non-porous, non-slip impervious flooring; and</li> <li>• the walls with embossed wallpaper should have the wallpaper removed and made good or cladded over.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the decontamination room evidenced that this requirement has been addressed.</p>	<p><b>Met</b></p>

Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows of the dedicated stainless steel hand washing basins in the surgeries and the decontamination room should be 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 dedicated hand washing basins in the decontamination room and the dental surgeries confirmed that this recommendation has been addressed.</p>	Met
<p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The legionella risk assessment should be further developed to include the following:</p> <ul style="list-style-type: none"> <li>• the distribution of hot and cold water supply to all areas of the practice, this may done as a schematic drawing</li> <li>• identification of hazards</li> <li>• identification of people at risk and</li> <li>• the overall level of assessed risk.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the legionella risk assessment confirmed it has been further developed as recommended.</p>	Met
<p><b>Recommendation 3</b></p> <p>Ref: Standard 13</p> <p>Stated: 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> A purple lidded sharps box was observed and was in use.</p>	Met
<p><b>Recommendation 4</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Compliance with HTM 01-05 should be audited on a six monthly basis using the approved Infection Prevention Society (IPS) audit tool.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The most recent IPS HTM 01-05 audit was completed at the end of August 2015 and Mr Haugh and a dental nurse confirmed that arrangements were in place to repeat the audit again within the next two weeks.</p>	Met

## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Mr Haugh 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.

There is limited written guidance available for staff regarding the management of medical emergencies. However, discussion with Mr Haugh 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). 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 and an automated external defibrillator (AED). Mr Haugh advised that the practice has timely access to an AED from a nearby doctor's surgery and this was confirmed by staff. A copy of the order for a self-inflating bag with reservoir suitable for use with a child was received by RQIA on 4 March 2016.

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 Mr Haugh 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 generally found to be safe.

### Is Care Effective?

An overarching policy for the management of medical emergencies was not available and protocols were only available regarding the management of anaphylaxis, asthma and choking. A recommendation was made that an overarching policy for the management of medical emergencies and protocols for the management of cardiac emergencies, epileptic seizures, hypoglycaemia and syncope are developed. The overarching policy should include staff training, the provision of emergency medications and equipment, checking procedures, how to summon help, incident documentation and staff debriefing. The protocol for the management of cardiac emergencies should include the arrangements for access to the AED.

Discussion with Mr Haugh and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency.

Discussion with Mr Haugh and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that further development is needed to ensure the arrangements for managing a medical emergency are 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 Mr Haugh and 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**

An overarching policy for the management of medical emergencies and protocols for the management of cardiac emergencies, epileptic seizures, hypoglycaemia and syncope should be developed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available. Minor amendments were made to the recruitment policy during the inspection. The revised policy was comprehensive and reflected best practice guidance.

One staff member has been recruited since registration with RQIA. However, the staff member was recruited more than three years ago and not all records were retained; this is acceptable within current legislation.

Mr Haugh confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- 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, where applicable
- evidence of current GDC registration, where applicable
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable.

A record confirming that an enhanced AccessNI check had been undertaken in respect of the staff member was available. However, review of this record evidenced that the check was not received until after the commencement of employment. Mr Haugh advised that at that time he had reviewed an AccessNI check in respect of the staff member from a previous employer, however, he is now aware that checks are not portable and that in future such checks will be undertaken and received prior to the commencement of employment of any new staff.

A staff register was developed during the inspection containing staff details including, name, date of birth, position, dates of employment; details of professional qualification and professional registration with the GDC, where applicable. Mr Haugh is aware this is a live document which should be kept updated.

Mr Haugh has current professional indemnity cover in place which also covers dental nurses.

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.

Contracts of employment are retained in the practice in respect of all staff.

Induction programme templates are in place relevant to specific roles within the practice.

Discussion with staff confirmed that they 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 effective.

### **Is Care Compassionate?**

Review of current 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 Mr Haugh and 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 Mr Haugh and 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.

<b>Number of Requirements:</b>	<b>0</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 Mr Haugh, registered person, and four 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 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 issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Raymond Haugh, 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

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 June 2016	An overarching policy for the management of medical emergencies and protocols for the management of cardiac emergencies, epileptic seizures, hypoglycaemia and syncope are developed.  The overarching policy should include staff training, the provision of emergency medications and equipment, checking procedures, how to summon help, incident documentation and staff debriefing.  The protocol for the management of cardiac emergencies should include the arrangements for access to the AED.		
<b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>PROTOCOLS + POLICY FOR M.E. PRODUCED.</i>			
<b>Registered Manager Completing QIP</b>	<i>RS HAUGH</i>	<b>Date Completed</b>	<i>3/4/16</i>
<b>Registered Person Approving QIP</b>	<i>RS HAUGH</i>	<b>Date Approved</b>	<i>3/4/16</i>
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*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>	<b>Emily Campbell</b>	<b>Date Approved</b>	12.4.16
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