



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

**S P Toner Dental Practice**  
**RQIA ID:11716**  
**188 Stewartstown Road**  
**Dunmurry**  
**Belfast**

**Inspector: Norma Munn**  
**Inspection ID: IN023592**

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**Tel: 028 9061 0570**

**Announced Care Inspection**  
**of**  
**S P Toner Dental Practice**

**22 December 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 22 December 2015 from 10.00 to 13.15. 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

No actions were 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>1</b>	<b>2</b>

The details of the QIP within this report were discussed with Mr Shaun Toner, registered person and Ms Linda McGoran, practice 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> Mr Shaun Toner	<b>Registered Manager:</b> Mr Shaun Toner
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Shaun Toner	<b>Date Manager Registered:</b> 27 February 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 4

### **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 Mr Toner, registered manager, Ms McGoran, practice manager, one dental nurse, two trainee dental nurses and one receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and the process for obtaining 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. No requirements or recommendations were made during this inspection.

#### **5.2 Review of Requirements and Recommendations from the last Care Inspection dated 10 February 2015**

As above.

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

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

Review of training records and discussion with Mr Toner, Ms McGoran 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 Mr Toner, Ms McGoran 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 oropharyngeal airways and a self-inflating bag with reservoir suitable for use with children. A self-inflating bag and oropharyngeal airways in various sizes were delivered on the day of the inspection. A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the oxygen cylinder provided had exceeded the expiry date. This was discussed with Mr Toner who agreed to order replacement oxygen on the day of the inspection. RQIA received an electronic mail on 23 December 2015 to confirm that a replacement oxygen cylinder had been delivered and that the oxygen had been added to the expiry date check list. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Toner, Ms McGoran 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 in place. The policy was amended on the day of the inspection to include the provision of equipment, 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 Toner, Ms McGoran 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 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 comprehensive recruitment policy and procedure available in the practice. A minor amendment was made to the recruitment policy on the day of the inspection. The revised policy reflected best practice guidance.

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph in two files
- evidence that an enhanced AccessNI check was received
- two written references in two files
- 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 in two files
- confirmation that the person is physically and mentally fit to fulfil their duties in two files
- evidence of professional indemnity insurance, where applicable.

One staff file reviewed did not contain positive proof of identity, written references, a criminal conviction declaration made by the applicant or confirmation that the person is physically and mentally fit to fulfil their duties. Following the inspection RQIA received confirmation by electronic mail on 23 December 2015 to confirm that photographic identification and references were in place for the identified member of staff. Mr Toner and Mrs McGoran were informed that in relation to recruitment; staff personnel files should contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation has been made.

The staff files reviewed contained evidence that enhanced AccessNI checks had been received. Two files evidenced that the checks were received before the staff members had commenced work. However, in one file the check had been received after the member of staff commenced work. A requirement 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 Toner and Ms McGoran 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, it was identified that some improvement is needed to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Discussion with Mr Toner and Ms McGoran confirmed that staff have been provided with a job description, and have received induction training when they commenced work in the practice. However, there was no record of a job description or a completed induction in one of the files reviewed. This was discussed with Mr Toner and Ms McGoran and a recommendation has been made.

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

Induction programme templates are in place relevant to specific roles within 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 one AccessNI check had been received after the staff member had commenced work in the practice. Mr Toner and Ms McGoran are 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.

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 and job description should be retained for each staff member

<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 Mr Toner, registered manager, Ms McGoran, practice manager, one dental nurse, two trainee dental nurses and one receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that the majority of staff 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. However, one questionnaire indicated that a member of staff had not received a contract of employment, job description and the management of medical emergencies was not included in their induction. This was discussed with Mr Toner and Ms McGoran. 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 and discussion with Mr Toner and Ms McGoran 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 Mr Toner, registered person and Ms McGoran, practice 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 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 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 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.



<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  Ref: Regulation 19 (2) Schedule 2 <b>Stated: First time</b>  <b>To be Completed by:</b> <b>22 December 2015</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>Response by Registered Person(s) Detailing the Actions Taken:</b> This is practice policy and we will ensure that all employees including self employed have had Access NI checks before employment begins.		
<b>Recommendations</b>			
<b>Recommendation 1</b>  Ref: Standard 11.1 <b>Stated: First time</b>  <b>To be Completed by:</b> <b>22 December 2015</b>	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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All retained in employees file and now incorporated into self employed members of staff.		
<b>Recommendation 2</b>  Ref: Standard 11.3 <b>Stated: First time</b>  <b>To be Completed by:</b> <b>22 December 2015</b>	A record of induction and job description should be retained for each staff member.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Completed 11 January 2016 and now attached to associate agreement. As we have all above for employees.		
<b>Registered Manager Completing QIP</b>	Shaun P Toner	<b>Date Completed</b>	11.01.2016
<b>Registered Person Approving QIP</b>	Shaun P Toner	<b>Date Approved</b>	11.01.2016
<b>RQIA Inspector Assessing Response</b>	<b>Norma Munn</b>	<b>Date Approved</b>	<b>01/02/2016</b>

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**