



The Regulation and  
Quality Improvement  
Authority

**Gentle Touch Dental Studio**  
RQIA ID: 11922  
11 The Diamond Centre  
Magherafelt  
BT45 6ED

**Inspector: Stephen O'Connor**  
**Inspection ID: IN21239**

**Tel: 028 7963 2495**

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**Announced Care Inspection  
of  
Gentle Touch Dental Studio**

**14 April 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 14 April 2015 from 09:55 to 11:45. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were 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) Regulation 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 inspection on 2 July 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirement	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Robert Craig & Mr Christopher Gocher	<b>Registered Manager:</b> Mr Robert Craig
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Robert Craig & Mr Christopher Gocher	<b>Date Manager Registered:</b> 29 February 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; 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 briefly with Mr Gocher, registered provider and with Mrs Hegarty, practice manager, Miss Kane, implant coordinator and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and two patient medical histories.

#### 5. The Inspection

##### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection undertaken on 2 July 2014. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

##### 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 2 July 2014

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 13</b>	All fabric chairs must be removed from clinical areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Mr Gocher confirmed that all fabric chairs provided in dental surgeries were reupholstered to provide a cleanable surface. It was observed that the chairs provided in dental surgeries two and three had cleanable coverings.	

### 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 in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that Glucagon medication is not stored in a fridge and that a revised expiry date had not been recorded on the medication packaging to reflect this, and that the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that when the current format of Midazolam expires it should be replaced with Buccolam Pre-filled syringes as recommended by the HSCB.

It was also observed that two sizes of clear masks for self-inflating bags have been provided. The resuscitation Council (UK) guidelines outlines that clear face masks should be available in five different sizes. An automated external defibrillator (AED) is not available in the practice; however AED's are located directly outside of the practice on the street, and in the local health centre which is located in close proximity to the dental practice. Access to the AED located on the street is restricted by a code operated lock; the code is given to callers who make a 999 phone call.

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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the management of medical emergencies is 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.

Overall 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.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### Areas for Improvement

Glucagon should be stored in keeping with the manufacturer's guidance.

Clear face masks should be provided in keeping with the Resuscitation Council (UK) guidance.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.4 Recruitment and selection

### Is Care Safe?

There was a recruitment policy and procedure available in the practice. The policy was comprehensive reflecting best practice guidance.

Two staff have commenced work in the practice since registration with RQIA. The inspector reviewed the corresponding staff personnel files for these staff. The following was noted:

- positive proof of identity, including a recent photograph;
- 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 on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The inspector noted that the enhanced AccessNI checks for these two staff members were received after they commenced work in the practice and that the original disclosure certificate was retained in one of the files and a photocopy of the disclosure certificate was retained in the other staff file. AccessNI checks must be received prior to any new staff commencing work in the practice and disclosure certificates must be handled in keeping with AccessNI's code of practice. Following this inspection AccessNI's code of practice was forwarded to the practice via email.

Discussion with Mrs Hegarty demonstrated that a staff register has not been established. A staff register to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable should be established.

Mrs Hegarty 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.

Overall on the day of the inspection, it was identified that some improvement is needed to ensure recruitment and selection procedures are 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. A sample of records reviewed evidenced that induction programmes are completed when new commence work in the practice.

Discussion with staff demonstrated that they 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.

Overall on the day of the inspection recruitment and selection procedures were found to be effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures in the main demonstrated good practice in line with legislative requirements. As previously discussed issues were identified in relation to AccessNI checks and the handling of AccessNI disclosure certificates.

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.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

### Areas for Improvement

AccessNI checks must be received prior to new staff commencing work.

A staff register should be established.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</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 Mrs Hegarty, practice manager, Miss Kane, implant coordinator, and a dental nurse. 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 they were provided with a job description and contract of employment 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between 1 January 2014 and the 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 the Regulation and Quality Improvement Authority (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 Mrs Hegarty, 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/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 may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 an enhanced AccessNI check is received prior to new staff commencing work in the practice.
<b>Ref: Regulation 19 (2) (d) Schedule 2 (2)</b> <b>Stated: First time</b>	Review the procedure for handling AccessNI disclosure certificates to ensure the procedure is in keeping with AccessNI's Code of Practice.
<b>To be Completed by: Ongoing from date of inspection</b>	<b>Response by Registered Manager Detailing the Actions Taken:</b> 14/4/15 Access NI checks completed before employment commences in future.

### Recommendations

<b>Recommendation 1</b>	It is recommended that Glucagon medication is stored in keeping with the manufacturer's instructions. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. If stored in a fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.
<b>Ref: Standard 12.4</b> <b>Stated: First time</b>	
<b>To be Completed by: 12 May 2015</b>	

**Response by Registered Manager Detailing the Actions Taken:**  
Expired by date changed on Glucagon 14/4/15. Will do the same in future.

<b>Recommendation 2</b>	It is recommended that a review of the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation - primary dental care is undertaken to ensure that the practice has clear face masks for self-inflating bags in the different sizes specified.
<b>Ref: Standard 12.4</b> <b>Stated: First time</b>	
<b>To be Completed by: 12 May 2015</b>	

**Response by Registered Manager Detailing the Actions Taken:**  
Different size masks ordered + stored with resuscitation equipment 14/4/15.

<b>Recommendation 3</b>	It is recommended that a staff register is established in accordance with Schedule 3 Part II (6) of the Independent Health Care Regulations (Northern Ireland) 2005.
<b>Ref: Standard 11.1</b> <b>Stated: First time</b>	
<b>To be Completed by: 12 May 2015</b>	

**Response by Registered Manager Detailing the Actions Taken:**  
Staff register put together 14/4/15.

<b>Registered Manager Completing QIP</b>	<i>R Craig</i>	<b>Date Completed</b>	9/6/15
<b>Registered Person Approving QIP</b>	<i>R Craig</i>	<b>Date Approved</b>	9/6/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</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\*

<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	15/06/2015