



The Regulation and  
Quality Improvement  
Authority

Great James Street Dental  
RQIA ID: 12128  
16 Great James Street  
Derry  
BT48 7DA

Inspector: Stephen O'Connor  
Inspection ID: IN022386

Tel: 028 7136 1940

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**Announced Care Inspection  
of  
Great James Street Dental**

**24 September 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 24 September 2015 from 09:55 to 11:50. Overall 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.

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 23 September 2014.

### 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>	1	1

The details of the QIP within this report were discussed with Miss Meabh Owens, 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> Miss Meabh Owens	<b>Registered Manager:</b> Miss Meabh Owens
<b>Person in Charge of the Practice at the Time of Inspection:</b> Miss Meabh Owens	<b>Date Manager Registered:</b> 03 May 2013
<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 with Miss Meabh Owens, registered person, the practice manager, an associate dentist and the lead 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 three 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 23 September 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 23 September 2014

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 15(3) <b>Stated: First time</b>	In keeping with PEL (13) 13 issued by the Department of Health on the 1 October 2013, reusable dental instruments must be decontamination using an automated validated process. Compatible handpieces must be processed using this process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The lead dental nurse confirmed that all compatible handpieces are processed in the washer disinfectors prior to sterilisation.	
Last Inspection Recommendations		Validation of Compliance
There were no previous recommendations		

## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Miss Owens 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 Miss Owens 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 Miss Owens 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 Miss Owens 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 Miss Owens 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>
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## 5.4 Recruitment and selection

### Is Care Safe?

There was a recruitment policy and procedure available. An amendment was made to the policy during the inspection to include the arrangements for undertaking AccessNI checks and reviewing employment histories. The amended policy is comprehensive and reflected best practice guidance.

The practice has employed four staff since registration with RQIA. However, the practice manager confirmed that recruitment documentation was retained for a period of six months following advice from the Labour Relations Agency. Miss Owens was advised that recruitment documentation should be retained for three years in keeping with Regulation 21 (3) (c) of The Independent Health Care Regulations (Northern Ireland) 2005. Therefore two personnel files of staff recruited since registration with RQIA were examined.

The following was noted:

- positive proof of identity, including a recent photograph;
- two written references in one of the files reviewed;
- details of full employment history, including an explanation of any gaps in employment, in one of the files reviewed;
- 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 arrangements for enhanced AccessNI checks were reviewed. In one of the files reviewed it was identified that the check was received after the staff member commenced work. In the other file reviewed no records pertaining to AccessNI checks were available. During discussion with Miss Owens and the practice manager it was established that an AccessNI had not been undertaken and received in respect of this staff member.

As the recruitments documentation pertaining to one of the staff members had been destroyed their personnel file did not include written references, or details of their employment history, including an explanation of any gaps in employment or a criminal conviction declaration by the applicant. Miss Owens and the practice manager were advised that staff personnel files should contain all information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, 19 (2) Schedule 2.

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.

Miss Owens 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 recruitment and selection procedures are safe.

### **Is Care Effective?**

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation.

Two 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. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Miss Owens 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are 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. As previously stated, review of two staff personnel files demonstrated that one check had been received after the staff member commenced work, and no check had been undertaken in respect of the second staff member. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Miss Owens and the practice manager.

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 it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

### **Areas for Improvement**

An enhanced AccessNI check must be undertaken and received in respect of the identified staff member. AccessNI checks must be received prior to any new staff commencing work in the practice.

Records as specified in Schedule 2 should be retained for a minimum of three years in keeping with Regulation 21 (3) (c) of The Independent Health Care Regulations (Northern Ireland) 2005.

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

<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 Miss Owens, registered person, the practice manager, an associate dentist and the lead dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine 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.

A comment included on a staff questionnaire is as follows:

“Training is provided regularly and also on request and we organise medical emergencies training every twelve months. Practice meetings are carried out monthly and all staff members are invited to participate.

### **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. Review of documentation, discussion with Miss Owens and 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 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 Miss Owens, 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 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.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>	The registered person must ensure that the following issues in relation to AccessNI checks are addressed: <ul style="list-style-type: none"> <li>an enhanced AccessNI check must be undertaken and received for the identified staff member; and</li> <li>ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</li> </ul>
<b>Ref:</b> Regulation 19 (2) Schedule 2	
<b>Stated:</b> First time	
<b>To be Completed by:</b> 24 October 2015	<b>Response by Registered Person Detailing the Actions Taken:</b> Access NI check for registered person completed. 9.10.15. Recruitment Policy has been reviewed & updated to include an enhanced Access NI check to be carried out before new staff commence work.

### Recommendations

<b>Recommendation 1</b>	It is recommended that the following issues in relation to recruitment are addressed: <ul style="list-style-type: none"> <li>records as specified in Schedule 2 should be retained for a minimum of three years in keeping with Regulation 21 (3) (c) of The Independent Health Care Regulations (Northern Ireland) 2005; and</li> <li>staff personnel files, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</li> </ul>
<b>Ref:</b> Standard 11.1	
<b>Stated:</b> First time	
<b>To be Completed by:</b> 24 September 2015	
	<b>Response by Registered Person Detailing the Actions Taken:</b> The recruitment policy + process has been updated to ensure that records are kept for 3 years. Staff personnel files have been updated and will undergo regular reviews.

<b>Registered Manager Completing QIP</b>	<i>L Amers</i>	<b>Date Completed</b>	30.10.15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<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\*



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<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	30/10/2015
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