



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

**Alexander's Dental Practice**  
RQIA ID: 11361  
40 Northland Row  
Dungannon  
BT71 6AP

**Inspector: Stephen O'Connor**  
**Inspection ID: IN018529**

**Tel: 028 8772 2605**

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**Announced Care Inspection  
of  
Alexander's Dental Practice  
12 May 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 12 May 2015 from 09:50 to 12:05. The purpose of this inspection was to carry out the scheduled announced inspection on the focused themes and standards. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Mr Raymond Sayers, estates inspector, undertook an estates inspection in relation to the increase in dental surgeries at the same time. The report and findings of the estates inspection will be issued under separate cover. The variation to the registration in regards to the increase in the number of registered chairs from five to six was approved during this inspection.

Following this inspection RQIA was notified that the practice is in the process of rebranding and will be known as Alexander Dental in the future.

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. Some outstanding issues from the previous inspection also need to be addressed. 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 8 April 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>	0	5

The details of the QIP within this report were discussed with the Mrs Susanne McCammick, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Responsible individuals:</b> Alexanders Dental Practice Mr David Gordon Mr Patrick McGeary Me Eamonn O'Brien	<b>Registered Manager:</b> Mr Eamonn O'Brien
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr David Gordon Mr Patrick McGeary Me Eamonn O'Brien	<b>Date Manager Registered:</b> Registration pending
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 5 increasing to 6 following this inspection

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to review the arrangements in relation to the application of variation to increase the number of registered dental chairs from five to six.

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, complaints declaration and the submitted variation.

During the inspection the inspector met with Mr David Gordon, responsible individual, Mrs Susanne McCammick, practice manager and two dental nurses.

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 8 April 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 8 April 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	In keeping with best practice guidance as outlined in HTM 07-01 the following issues in relation to sharps containers should be addressed: <ul style="list-style-type: none"> <li>• Sharps containers should be wall mounted at the point of use.</li> <li>• Sharps containers should be labelled with a location, signed and dated on assembly.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations made confirmed that this recommendation has been addressed.	
<b>Recommendation 2</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	In keeping with best practice guidance as outlined in HTM 01-05 the carpeted area in the entrance to surgery one should be replaced.  Cognisance should be given to the flooring specifications as outlined in HTM 01-05, when replacing the carpet and when fitting a finished floor in the surgery currently under construction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations made confirmed that this recommendation has been addressed.	
<b>Recommendation 3</b>  <b>Ref: Standard 13</b> <b>Stated: First time</b>	In the interests of infection prevention and control and to aid effective cleaning the damaged chair covering in surgery five should be replaced.  All dental chairs should be examined for evidence of rips and tears, any issues identified should be addressed.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b>	

	<p>Mrs McCammick confirmed that a review of dental chairs demonstrated that the chairs in surgeries three and four also required repair. Review of documentation demonstrated that the practice has contacted a dental supplier and obtained a price for the damaged dental chairs in surgeries three, four and five to be repaired. However a date has yet to be scheduled for this to be undertaken. This recommendation has been partially addressed and the unaddressed component has been stated for the second time.</p>	
<p><b>Recommendation 4</b> <b>Ref: Standard 13</b> <b>Stated: First time</b></p>	<p>In keeping with best practice guidance the overflows in all dedicated hand washing basins must be blanked off using a stainless steel plate and sealed with antibacterial mastic, and the plugs removed.</p> <p>In the surgery currently under construction, the dedicated hand washing basin must adhere to the hand washing basin specifications as outlined in HTM 01-05.</p> <p><b>Action taken as confirmed during the inspection:</b> It was observed that the dedicated hand washing basin in the newly established dental surgery is a clinical hand washing as outlined in HTM 01-05. It was also observed that the overflow in surgery two has been blanked off as recommended. Mrs McCammick confirmed that the overflows in the remaining surgeries were blanked off as recommended.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b> <b>Ref: Standard 13</b> <b>Stated: First time</b></p>	<p>As recommended in the legionella risk assessment, the following control measures should be implemented:</p> <ul style="list-style-type: none"> <li>• monthly monitoring of the sentinel water temperatures; and</li> <li>• flushing of all infrequently used outlets.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation demonstrated that monthly monitoring of water temperatures has commenced. However, these records do not include the temperatures of the hot and cold water, nor do they identify the location of the outlets tested. A recommendation to address this has been made in the estates inspection report.</p>	<p><b>Met</b></p>

	Records of flushing of infrequently used outlets are retained.	
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### 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). It was observed that Glucagon medication is not stored in a fridge and a revised expiry date had not been recorded on the packaging or expiry date checklist to reflect this, and that the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mrs McCammick was advised that when the current form of Midazolam expires it should be replaced with Buccolam pre-filled syringes are recommended by HSCB.

In the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that the practice had four oropharyngeal airways, none of which were the correct size for use with an adult, and that two of the airways had been removed from their original packaging making it impossible to identify their expiry dates.

Mrs McCammick confirmed that an automated external defibrillator (AED) is not available at the practice, and that the local leisure centre which is located in close proximity to the dental practice has an AED. The provision of an AED was discussed with Mr Gordon, responsible individual, who confirmed that the responsible individuals consider the AED in the local leisure centre to be adequate cover for the practice and that they are currently giving consideration to purchasing an AED for the practice.

With the exception of Glucagon, 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 arrangements for managing a medical emergency 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.

Staff confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with the staff involved in the management of this medical emergency demonstrated that it was managed in accordance with best practice guidance. The details of the medical emergency were recorded in the patient's notes; Mrs McCammick was advised that it should also be recorded in the practice accident/incident book.

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 instructions.

Oropharyngeal airways 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. The policy was comprehensive and reflected best practice guidance.

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

- evidence that an enhanced AccessNI check was received prior to commencement of employment;

- evidence of current GDC registration;
- contracts of employment/agreement; and
- positive proof of identity, including a recent photograph.

Mrs McCammick was advised that staff personnel files should contain the following documentation:

- 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 on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.

Mrs McCammick 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?**

As discussed previously, recruitment and selection procedures need further development to ensure they 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/agreement.

Induction programme templates are in place relevant to specific roles within the practice. A sample of induction templates evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs McCammick 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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that 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. Observations made of the files examined evidenced that checks were received prior to employment.

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**

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.

A staff register should be developed and retained.

<b>Number of Requirements:</b>	<b>0</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 David Gordon, responsible individual, Mrs McCammick, practice manager and two dental nurses. 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.

## **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 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.

## **5.5.4 Variation to Registration**

An application was submitted to RQIA by the responsible individuals to vary the current registration of Alexander's Dental Practice. The practice was initially registered on 17 October 2012 and the application made was to increase the number of registered dental chairs from five to six. During the inspection, Stephen O'Connor, care inspector, and Raymond Sayers, estates inspector reviewed the arrangements in the practice in relation to the establishment of the sixth surgery for the provision of private dental care and treatment. Issues identified during the estates inspection will be addressed under separate cover.

### **Statement of Purpose and Patient Guide**

A review of the statement of purpose and patient guide demonstrated they have been updated to reflect the changes in the new application.

### **Policies and Procedures**

Policies and procedures are in place. Policies had a date of implementation and planned review date and were retained in a manner making them accessible to staff.

### **Radiology**

The practice has six surgeries, each of which has an intra-oral x-ray machine. Review of documentation and discussion with Mrs McCammick demonstrated that all the relevant commissioning checks have been completed for the x-ray equipment in the newly established surgery. Appropriate systems were in place for the arrangements for taking x-rays.

Staff confirmed that the patient's medical history is checked, and that consent is obtained prior to taking x-rays. Mrs McCammick confirmed that the x-ray quality grading, and the justification and clinical evaluation are recorded on the patient's notes.

## **Environment**

The inspectors undertook a tour of the premises, which were maintained to a good standard of maintenance and décor. As discussed previously an estates inspection was also undertaken during this inspection, and any issues identified by the estates inspector will be addressed under separate cover.

Mrs McCammick confirmed that the newly established dental surgery is fully operational; however it is not currently in use. It is intended that this surgery will become operational at the end of August 2015.

Following this inspection registration of the sixth dental chair was approved.

Following this inspection RQIA was notified that the practice is in the process of rebranding and will be known as Alexander Dental in the future.

### **5.5.5 Registered Manager**

Following the previous inspection a notification of absence form was submitted to RQIA confirming that the registered manager was leaving the post with effect from the 11 July 2014, and that an acting manager had been appointed. Mr Eamonn O'Brien, responsible individual has now submitted a registered manager application in respect of this practice. This application is currently being processed by RQIA.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs McCammick, 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 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.

### 6.2 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13 <b>Stated:</b> Second time  <b>To be Completed by:</b> <b>22 July 2015</b>	<p>In the interests of infection prevention and control and to aid effective cleaning the damaged chair covering in surgery three, four and five should be replaced.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  This is being completed on the 04/06/2015</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time  <b>To be Completed by:</b> <b>22 May 2015</b>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  This is now being followed and a new glucagon ordered to keep everything in order.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time  <b>To be Completed by:</b> <b>12 June 2015</b>	<p>It is recommended that oropharyngeal airways removed from their original packaging are replaced. Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  These have been ordered and are in the practice at present</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> <b>12 May 2015</b>	<p>It is recommended that the staff personnel files for any new staff who commence work in the practice contain all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>In regards to the two staff members who commenced work in the practice since the practice registered with RQIA, the following documentation should be added to their personnel files:</p> <ul style="list-style-type: none"> <li>• Positive proof identity, to include photographic identification.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Yes this has been completed for one staff member, the other member is on maternity leave and on her return this will be completed</p>

<b>Recommendation 5</b>	It is recommended that a staff register should be developed and retained containing details of all staff, including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.		
<b>Ref: Standard 11.1</b>			
<b>Stated: First time</b>			
<b>To be Completed by: 12 May 2015 Month</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been completed		
<b>Registered Manager Completing QIP</b>	Eamon O'Brien	<b>Date Completed</b>	03/06/2015
<b>Registered Person Approving QIP</b>	Patrick McGeary	<b>Date Approved</b>	03/06/2015
<b>RQIA Inspector Assessing Response</b>	<b>Stephen O'Connor</b>	<b>Date Approved</b>	<b>05/06/2015</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\**