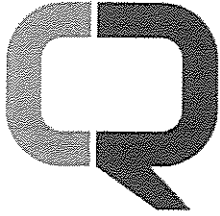


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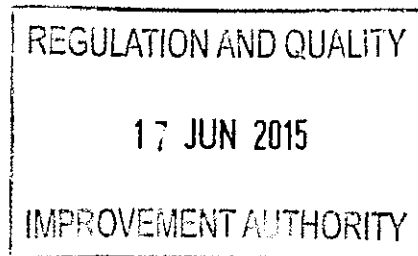
The Regulation and  
Quality Improvement  
Authority

Inspector: Philip Colgan  
Inspection ID: IN21284

Armstrong Dental Practice  
RQIA ID: 11370  
74 Gilford Road  
Portadown  
Craigavon  
BT63 5EG  
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**Announced Care Inspection  
of  
Armstrong Dental Practice**

**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 8:30am to 10:25am. Overall on the day of the inspection the practice was found to be delivering safe, effective and compassionate care.

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 Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Alan Armstrong William Neale Armstrong	<b>Registered Manager:</b> Alan Armstrong
<b>Person in Charge of the Practice at the Time of Inspection:</b> Alan Armstrong	<b>Date Manager Registered:</b> 25 August 2011
<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 Mr Alan Armstrong and staff.

The following records were examined during the inspection: relevant policies and procedures, training records, staff personnel files, job descriptions, contracts of employment, and information in relation to the process for obtaining 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 4 April 2014. Four recommendations were made a result of this inspection. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 04 April 2014

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 13	The policy and procedure for cleaning and maintaining the environment should be further developed to include the arrangements for cleaning the general environment and which staff groups undertake this.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The environmental cleaning policy has been updated to reflect the arrangements for cleaning the general environment.	
<b>Recommendation 2</b> Ref: Standard 13	The rusting x-ray unit wall bracket in the identified surgery should be made good.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The x ray bracket has been repaired.	
<b>Recommendation 3</b> Ref: Standard 13	The overflows of the dedicated hand wash basins should be blanked off and sealed with antibacterial mastic.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The overflow of the dedicated hand wash basins have been blanked off and sealed.	
<b>Recommendation 4</b> Ref: Standard 13	The practice of decanting liquid soap should cease.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  All hand wash dispensers are now single use	

### 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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. An automated external defibrillator (AED) is available for use at the practice and appropriate staff were trained in its use. Associated equipment consumables were also in place. 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 and a deputy identified in their absence.

Discussion with 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 care was 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 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.

On the day of the inspection the arrangements for managing a medical emergency within the practice 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 care was 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 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 in the practice. The policy was comprehensive reflecting best practice guidance.

The most recent staff member was recruited approximately two years ago. Mr Armstrong is aware of his responsibilities in terms of staff recruitment which includes ensuring the following are in place prior to the commencement of employment:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to 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 of physical and mental health;
- evidence of professional indemnity insurance, where applicable.

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.

Mr Armstrong 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 we found recruitment and selection procedures 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.

A review of the records and discussion with Mr Armstrong confirmed that contracts of employment and job descriptions were in place for staff.

Induction programmes are in place relevant to specific roles and are completed when new staff join the practice.

Staff confirmed on the returned questionnaires that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

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

### **Is Care Compassionate?**

Review of 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.

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 Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

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 responses also confirmed that annual training is provided on the management of medical emergencies.

Several staff took the opportunity to make comment on the staff questionnaires and these comments included:-

“This is a very efficient and patient centred practice. Patient care comes first.....”

“The practice has everything you want starting out. Friendly staff and I feel the practice generally is very organised and a nice environment to work in.”

“I am happy with the service provided in this practice. We are always updated in meetings about any changes. Our medical emergencies are always updated. I’m happy with the care provided.”

### **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 complaints have been managed in accordance with best practice.

### **5.5.3 Patient consultation**

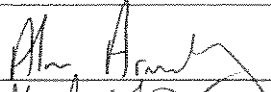

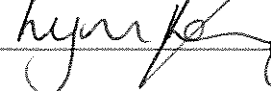
The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement 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.

The practice have undertaken an audit in relation to the most recent service user survey which has assisted in identifying key areas for the practice to continue to improve. These areas include treatment options, opening times, extending treatment range and communicating via social media. The emphasis on service user views is to be commended.



No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	16/06/15
Registered Person		Date Approved	16/06/15
RQIA Inspector Assessing Response		Date Approved	19/6/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to RQIA [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk)*