



**Cassidy & McCreesh Orthodontic  
Practice**  
RQIA ID: 11415  
45a Irvinestown Road  
Enniskillen  
BT74 6DN

**Inspector: Stephen O'Connor**  
**Inspection ID: IN022380**

**Tel: 028 6632 5545**

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**Announced Care Inspection  
of  
Cassidy & McCreesh Orthodontic Practice**

**20 August 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 20 August 2015 from 09:55 to 12:10. Mr McCreesh was available during the inspection and for verbal feedback at the conclusion of the inspection. The inspection was facilitated by Mrs Lorraine Brownelee, dental nurse. 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) 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 31 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

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

The details of the QIP within this report were discussed with Mr Mark McCreesh, 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> Mr Mark McCreesh	<b>Registered Manager:</b> Mr Mark McCreesh
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Mark McCreesh	<b>Date Manager Registered:</b> 25 January 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 4

## 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 McCreesh, registered person, an associate dentist, a dental nurse and a 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 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 31 July 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 31 July 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	Sharps boxes should be signed and dated on assembly.  Yellow sharps boxes with orange lids should be provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Yellow sharps boxes with orange lids were observed to be available in the polyclinic. The sharps boxes were signed and dated on assembly.	
<b>Recommendation 2</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the specific arrangements in the practice for both the clinical and general environments in the practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the cleaning policy demonstrated that it has been further developed to include the specific arrangements for both the clinical and general environments in the practice.	
<b>Recommendation 3</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	The legionella written scheme and risk assessment should be further developed to include the management of dental unit water lines (DUWLs).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the legionella written scheme demonstrated that it has been further developed to include the management of DUWLs.	

<p><b>Recommendation 4</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: Stated: First time</b></p>	<p>The steriliser logbook should clearly identify the dates that the periodic test records relate to the old and new sterilisers along with the associated steriliser models and serial numbers.</p> <p>A separate steriliser logbook should be established for the old steriliser to record the periodic tests in the event of it's use.</p> <p>The results of the daily and weekly periodic tests for the washer disinfectant should be recorded in the washer disinfectant logbook.</p> <p><b>Action taken as confirmed during the inspection:</b> Separate pre-printed logbooks are available for the washer disinfectant, the primary and backup sterilisers. Review of the logbooks demonstrated that periodic tests are recorded in keeping with best practice guidance. The logbooks clearly identify the dates the periodic tests records relate to.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: First time</b></p>	<p>A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices should be made available for staff reference along with the associated PEL (13) 13 and the Infection Prevention Society (IPS) audit tool completed.</p> <p><b>Action taken as confirmed during the inspection:</b> A copy of the 2013 edition of HTM 01-05 is available in the practice for staff reference. The most recent IPS audit was not reviewed during the inspection. However, it was confirmed in an email received on the 24 August 2015 that the IPS audit was completed during August 2015.</p>	<p><b>Met</b></p>

### 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. Portable suction was not available in the practice and it was identified that the oropharyngeal airways available had exceeded their expiry dates. Mrs Brownelee confirmed that a system to check the expiry dates of emergency equipment had not been established. A robust system is in place to ensure that emergency medicines 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.

On the day of the inspection the arrangements for managing a medical emergency were generally found to be safe.

### **Is Care Effective?**

A policy for the management of medical emergencies has been established. However, it needs further development to ensure it fully reflects best practice guidance. The policy should be further developed to include the following information:

- the arrangements for providing medical emergency refresher training;
- a list of the medical emergency equipment retained in the practice;
- the procedures for checking emergency medicines and equipment;
- the arrangements for staff debriefing following a medical emergency; and
- the policy should be signed and the date of implementation and planned review should be recorded.

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.

On the day of the inspection the arrangements for managing a medical emergency were generally 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

Portable suction should be provided in keeping with the Resuscitation Council (UK) guidance. Expired oropharyngeal airways should be replaced and a system to check the expiry dates of all emergency equipment should be established.

The policy for the management of medical emergencies should be further developed to ensure it reflects best practice.

<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 needs further development to ensure it is comprehensive and reflective of best practice guidance. The procedure to be followed in relation to enhanced AccessNI checks should be included in the policy.

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

- positive proof of identity, including a recent photograph;
- 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; and
- evidence of professional indemnity insurance, where applicable.

The personnel files reviewed did not contain evidence of a criminal conviction declaration by the applicant, confirmation of their physical and mental fitness to fulfil their duties or evidence that the staff member have completed an induction. One of the files reviewed included one reference; there were no references in the other two files. Mr McCreesh was advised that staff personnel files should contain all information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, 19 (2) Schedule 2.

The arrangements for enhanced AccessNI checks were reviewed. None of the files reviewed contained records in regards to AccessNI checks. This was discussed with Mrs Brownelee who confirmed that an enhanced AccessNI was received in relation to one of the staff members. However, as no documentation in relation to this check was retained it was not possible to ascertain if the check was received prior to or following the staff member commencing work. In respect of the other two staff members, Mrs Brownelee confirmed that

the identified staff were in the process of completing the enhanced AccessNI application forms.

A staff register 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 was established during the inspection. Mrs Brownlee was advised that this should be considered a live document that should be kept up-to-date.

Mrs Brownelee 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 including checks to ensure qualifications, registrations and references are bona fide.

Three 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. However, none of the staff personnel files reviewed contained confirmation that induction programmes had been completed when the staff member commenced work in the practice.

Discussion with Mrs Brownlee 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 three staff personnel files demonstrated that none of the files included confirmation that enhanced AccessNI checks had been undertaken. It was identified that in respect of two members of staff enhanced AccessNI checks had yet to be applied for. 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 Mr McCreesh and Mrs Brownlee. Advice was given to Mrs Brownlee in regards to the handling of AccessNI checks and what information should be recorded in relation to AccessNI checks.

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 was found in the main to be compassionate. However, robust arrangements are needed in relation to enhanced AccessNI checks.

### Areas for Improvement

An enhanced AccessNI check must be undertaken and received in respect of the identified staff members. AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. AccessNI certificates must be handled in keeping with the AccessNI code of practice. A record must be retained of the date the check was applied for and received, the unique identification number and the outcome

Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited.

Records of staff induction should be retained in personnel files.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</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 McCreesh, registered person, an associate dentist, a dental nurse and a receptionist. 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, with the exception of one questionnaire which indicated that medical emergency training was not included in their induction. In the main staff confirmed that annual training is provided on the management of medical emergencies. Two questionnaires reviewed indicated that the respondents had not completed medical emergency refresher training in the previous 12 calendar months. These issues were discussed with Mr McCreesh who readily agreed to address them.

## 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 returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 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 RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

This report was not dated, this was discussed with Mr McCreesh who confirmed that the submitted report was generated in April 2015 and that in the future patient satisfaction reports will be dated.

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 Mark McCreesh, 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 RQIA's office 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

<p><b>Requirement 1</b></p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>20 September 2015</b></p>	<p>The registered person must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> <li>• an enhanced AccessNI check must be undertaken and received in respect of the identified staff members;</li> <li>• enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and</li> <li>• AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice, a record must be retained of the date the check was applied for and received, the unique identification number and the outcome.</li> <li>•</li> </ul> <p><b>Response by Registered Person Detailing the Actions Taken:</b></p> <p>Access NI checks through + records now available.</p>
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### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 12.1</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>20 September 2015</b></p>	<p>It is recommended that the medical emergency policy is further developed to include:</p> <ul style="list-style-type: none"> <li>• the arrangements for providing medical emergency refresher training;</li> <li>• a list of the medical emergency equipment retained in the practice;</li> <li>• the procedures for checking emergency medicines and equipment;</li> <li>• the arrangements for staff debriefing following a medical emergency; and</li> <li>• the policy should be signed and date of implementation and planned review should be recorded.</li> <li>•</li> </ul> <p><b>Response by Registered Person Detailing the Actions Taken:</b></p> <p>Policy being developed further</p>
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<p><b>Recommendation 2</b></p> <p>Ref: Standard 12.4</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>20 September 2015</b></p>	<p>It is recommended that the following issues in regards to medical emergency equipment are addressed:</p> <ul style="list-style-type: none"> <li>• portable suction should be provided in keeping with the Resuscitation Council (UK) guidelines;</li> <li>• oropharyngeal airways that have exceeded their expiry dates should be replaced; and</li> <li>• a system to check the expiry dates of all emergency equipment should be established.</li> <li>•</li> </ul> <p><b>Response by Registered Person Detailing the Actions Taken:</b></p> <p>Portable suction got, airways in date + new recording system in place for equipment</p>
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<b>Recommendation 3</b> <b>Ref: Standard 11.1</b> <b>Stated: First time</b>  <b>To be Completed by:</b> 20 September 2015	It is recommended that the recruitment policy is further developed to include the procedure for undertaking enhanced AccessNI checks.  <b>Response by Registered Person Detailing the Actions Taken:</b>  <i>Policy being developed</i>		
<b>Recommendation 4</b> <b>Ref: Standard</b> <b>Stated: First time</b>  <b>To be Completed by:</b> 20 September 2015	Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include: <ul style="list-style-type: none"> <li>• evidence of a criminal conviction declaration by the applicant;</li> <li>• confirmation of their physical and mental fitness to fulfil their duties;</li> <li>• two written references; and</li> <li>• a record detailing the topics discussed during induction.</li> </ul> <b>Response by Registered Person Detailing the Actions Taken:</b>  <i>All former staff will have all checks</i>		
<b>Recommendation 5</b> <b>Ref: Standard 11.3</b> <b>Stated: First time</b>  <b>To be Completed by:</b> 20 August 2015	It is recommended that a record of staff induction is retained in the personnel files of newly recruited staff.  <b>Response by Registered Person Detailing the Actions Taken:</b>  <i>A new record done out for any new staff.</i>		
<b>Registered Manager Completing QIP</b>	<i>Mark McCreesh</i>	<b>Date Completed</b>	<i>17/9/15</i>
<b>Registered Person Approving QIP</b>	<i>Mark McCreesh</i>	<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	<i>Stephen O'Connor</i>	<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to RQIA's office from the authorised email address\**



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

<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	18/09/2015
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