



Fresh Smile Clinic  
RQIA ID: 11508  
65 Cregagh Road  
Belfast  
BT6 8PX

Inspector: Carmel McKeegan  
Inspection ID: IN21360

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Tel: 028 9045 1966

**Announced Care Inspection  
of  
Fresh Smile Clinic**

**15 June 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 15 June 2015 from 10.30 to 11.45. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Some areas for improvement were identified in relation to the recruitment and selection procedures 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

There were no requirements or recommendations made following the previous care inspection on 2 April 2014.

### 1.1 Actions/Enforcement Resulting from this Inspection

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

### 1.2 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with Mr Peter McCarron, 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 Peter McCarron	<b>Registered Manager:</b> Mr Peter McCarron
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter McCarron	<b>Date Manager Registered:</b> 08/07/2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

### 3. **Inspection Focus**

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 Peter McCarron, registered person and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and two 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 2 April 2014. No requirements or recommendations were made during this inspection.

#### 5.2 **Review of Requirements and Recommendations from the Last Care Inspection Dated 2 April 2014**

As above.

#### 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 Mr McCarron and the dental nurse 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. It was observed that the format of Midazolam available is not the format recommended by the

Health and Social Care Board (HSCB). Mr McCarron was advised that when the current form of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by HSCB.

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 Mr McCarron and the dental nurse 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 Mr McCarron and the dental nurse 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 Mr McCarron and the dental nurse 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 Mr McCarron and the dental nurse 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?

Guidance documents relating to general recruitment and selection procedures were available however a step by step recruitment and selection procedure to be applied in the dental practice was not in place. The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which states the information required in respect of employees, and advised that a recruitment and selection policy should reflect the information contained therein.

The personnel file of the staff member recruited since registration with RQIA was examined this was seen to include the following;

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- details of full employment history, including an explanation of any gaps in employment was recorded in the record of interview; and
- evidence of professional indemnity insurance.

There was no evidence to show that two written references had been obtained or a criminal conviction declaration had been made by the applicant nor was there confirmation that the applicant was physically and mentally fit to fulfil their duties.

Discussion with Mr McCarron confirmed the practice accepts CVs from applicants, review of the staff member's personnel file indicated that the applicant's CV had not provided the registered person with all the detail as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, the advantage of using of an application form, suited to the needs of the practice was discussed. Mr McCarron was referred to Regulation 19 (2) Schedule 2 of the Regulations, which clearly states the information required in respect of employees, and advised that a recruitment and selection policy should reflect that the information contained therein.

Mr McCarron also confirmed that whilst two written references had not been obtained, a verbal reference was obtained for the staff member prior to commencement. Advice was provided on how the practice might evidence that a written reference had been sought, and how to record a verbal reference to evidence the source of the reference, for future applicants.

Mr McCarron was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

It was noted that the original AccessNI disclosure certificate was retained in the practice; this was discussed with Mr McCarron as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

A staff register was 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.

Mr McCarron 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 that recruitment and selection procedures are safe.

### **Is Care Effective?**

As previously stated the dental service's recruitment and selection procedures need to be developed to fully reflect all relevant legislation. With the exception of written references, all other recruitment checks were in place to ensure qualifications and registrations are bona fide.

One personnel file was reviewed which 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 one evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr McCarron and the dental nurse 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 the dental nurse confirmed that she is aware of her 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 recruitment and selection procedures were found to be effective.

### **Is Care Compassionate?**

As previously stated the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Mr McCarron is aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work.

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 procedures were found to be compassionate.

## Areas for Improvement

Recruitment and selection procedures should be developed to reflect best practice guidance.

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.

AccessNI disclosure certificates should be handled in keeping with best practice guidance.

<b>Number of Requirements:</b>	<b>0</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 Peter McCarron, registered person and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five 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. One of the questionnaires included the following comment;

- “I feel we all work well together as a team, providing a high quality of dental care within a relaxed and friendly atmosphere”.

#### 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 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 issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Peter McCarron, 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 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 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

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 July 2015</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> <li>• the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We are developing our recruitment and selection procedures to fully reflect all relevant legislation. We are creating a step by step recruitment and selection procedure to be applied in our practice. This will involve including evidence to show that two written references have been obtained and a criminal conviction declaration has been made by the applicant. Also confirmation that the applicant is physically and mentally fit to fulfil their duties. Conforming to Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 using the Labour Relations Agency and the Equality NI websites for advice and support.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 June 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have reviewed Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 and have developed a filing system to contain all the relevant documentation with reference to the Labour Relations Agency and the Equality NI websites for further advice.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 June 2015</p>	<p>It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the Access NI Code of Practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All Access NI enhanced disclosure certificates are now handled in accordance with the Access NI Code of Practice.</p>

<b>Registered Manager Completing QIP</b>	Peter??McCarron	<b>Date Completed</b>	29/07/2015
<b>Registered Person Approving QIP</b>	Peter??McCarron	<b>Date Approved</b>	29/07/2015
<b>RQIA Inspector Assessing Response</b>	Carmel McKeegan	<b>Date Approved</b>	17/09/15

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

***\*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\****