



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

**Currie and Gribben Dental Surgery Ltd**  
**RQIA ID: 11590**  
**1 Beresford Row**  
**The Mall**  
**Armagh**  
**BT61 9AU**

**Inspector: Norma Munn**  
**Inspection ID: IN023343**

**Tel: 028 3752 5266**

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**Announced Care Inspection**  
**of**  
**Currie and Gribben Dental Surgery Ltd**

**14 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 14 September 2015 from 10:10 to 12:40. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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 7 October 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>	<b>1</b>	<b>4</b>

The details of the QIP within this report were discussed with Mr Mel Currie, registered manager and Ms Gemma Gribben, 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> Ms Gemma Gribben	<b>Registered Manager:</b> Mr Mel Currie
<b>Persons in Charge of the Practice at the Time of Inspection:</b> Mr Mel Currie and Ms Gemma Gribben	<b>Date Manager Registered:</b> 28 June 2012
<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 Currie, registered manager, Ms Gribben, registered person, one dental hygienist, two dental nurses and one receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, one contract 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 7 October 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 7 October 2014**

Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The refurbishment of the dental surgeries should be implemented and should include the following:</p> <ul style="list-style-type: none"> <li>• The painted woodchip wallpaper should be removed/cladded;</li> <li>• Flooring should be covered/sealed at the edges;</li> <li>• Dedicated clinical hand washing basins should be installed;</li> <li>• New cabinetry should be provided;</li> <li>• The torn dental chair should be refurbished;</li> <li>• As the premises are a listed building, advice should be sought regarding the removal of skirting boards to enable covered flooring to be installed and if this is not permitted flooring should be sealed at the edges. Cabinetry should also be sealed where it meets the flooring.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with Mr Currie confirmed that the wall paper has been removed, flooring has been covered and sealed at the edges, new hand washing basins have been installed, new cabinetry provided, the torn dental chair has been removed and cabinetry sealed where it meets the flooring in the identified surgeries. Observation in two of the surgeries evidenced that this work had been carried out.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The detail of the daily automatic control test (ACT) for the DAC Universal should be recorded in the logbook.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the logbook and discussion with the dental nurse evidenced that the daily ACT for the DAC universal is being recorded.</p>	<b>Met</b>

<b>Recommendation 3</b> <b>Ref:</b> Standard 13	The 2013 edition of HTM 01-05 should be downloaded and made available to staff.	<b>Met</b>
<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Currie and the dental nurse confirmed that the 2013 edition of HTM 01-05 is available for staff.	

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Currie, Ms Gribben 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 Mr Currie, Ms Gribben 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 in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of clear face masks suitable for use with children. Oropharyngeal airways were in place however these items were not covered and there was no expiry date identified. Mr Currie agreed that the airways would be replaced. Confirmation of the order for the replacement airways and face masks was provided on the day of the inspection. Mr Currie confirmed that the practice does not have an automated external defibrillator (AED) nor any formal arrangements to get access to an AED within close proximity to the practice. The format of buccal midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mr Currie confirmed that all emergency equipment would be included in future monthly checks. 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?**

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.

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 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**

Mr Currie and Ms Gribben should consult with their medico-legal provider in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</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 include the provision of two written references, a full employment history, an enhanced AccessNI disclosure check and a criminal conviction declaration in accordance with legislation and best practice guidance.

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

One file contained one written reference; however, this had not been signed or dated. The other file did not have any references in place. None of the files reviewed contained a criminal conviction declaration or contract of employment.

Both files reviewed evidenced that an enhanced AccessNI check was received. However, both checks were received after the commencement of employment. The procedure for undertaking and receiving enhanced AccessNI checks prior to commencement of employment was discussed with Mr Currie and Ms Gribben.

A staff register was developed during the inspection 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 Currie 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 recruitment and selection procedures are in need of further development to ensure they are safe.

### **Is Care Effective?**

As discussed, the practice's recruitment and selection procedures need further development to 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 the files included a job description; however, a contract of employment/agreement was not included in either file. Mr Currie provided a contract of employment for another member of staff. However, the contract of employment did not include the names of the current employers. This was discussed with Mr Currie and Ms Gribben.

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 Mr Currie and Ms Gribben confirmed that staff have been provided with a job description 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 further development is needed to ensure that recruitment and selection procedures are effective.

### **Is Care Compassionate?**

As discussed, recruitment and selection procedures need further development 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. The importance of obtaining enhanced AccessNI checks prior to the commencement of employment was discussed with Mr Currie and Ms Gribben.

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**

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice

The recruitment policy should be further developed to ensure it is comprehensive and reflects best practice guidance.

Information as outlined in regulation 19 (2), schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained in personnel files of any newly recruited staff.

All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts/agreements should be retained in the personnel files of any new staff recruited.

<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 Currie, registered manager, Ms Gribben, registered person, one dental hygienist, two dental nurses and one receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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. However, as previously discussed contracts/agreements were not retained in two staff files reviewed. 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 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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Currie, registered manager and Ms Gribben, 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(s) 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(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>14 September 2015</b>	<p>The registered person must ensure that an enhanced AccessNI check is undertaken and received prior to the commencement of employment for any new staff recruited.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>We have ammended our HR policy to ensure that no person shall commence work prior to having their Enhanced Access NI cert. We now note that this application process is much improved and can take as little as a few hours.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>14 October 2015</b>	<p>It is recommended that Mr Currie and Ms Gribben seek advice and guidance from their medico-legal advisor in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>We have sought advice from our Indemnity insurers. They have advised us that we would not be indemnified if it was proven that any patient would have had a potentially better outcome had an AED been available. As a result we have ordered an AED .</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>14 December 2015</b>	<p>It is recommended that the recruitment policy is further developed to include reference to two written references, enhanced AccessNI checks, employment history and criminal conviction checks to ensure it is comprehensive and reflective of best practice guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Policy ammended as above</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>14 September 2015</b>	<p>It is recommended that the following additional information is retained in personnel files in respect of any new staff recruited:</p> <ul style="list-style-type: none"> <li>• two written references;</li> <li>• criminal conviction declaration on application; and</li> <li>• contracts of employment/agreement.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Policy ammended as above</p>

<b>Recommendation 4</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> <b>14 September 2015</b>	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have replaced the out of date contracts with identical versions except the contract exists between staff/ self employed workers and Currie and Gribben dental surgery LTD rather than between staff/ self employed workers and the previous owners.		
<b>Registered Manager Completing QIP</b>	Gemma Gribben	<b>Date Completed</b>	11/11/2015
<b>Registered Person Approving QIP</b>	Mel Currie	<b>Date Approved</b>	11/11/2015
<b>RQIA Inspector Assessing Response</b>	<b>Norma Munn</b>	<b>Date Approved</b>	<b>16/11/2015</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\**