



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

**The DeCoursey Dental Practice**  
**RQIA ID: 11633**  
**Unit 3**  
**Lancastrian Street**  
**Carrickfergus**  
**BT38 7AB**

**Inspector: Norma Munn**  
**InspectionID:IN022889**

**Tel: 028 9336 1000**

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**Announced Care Inspection  
of  
The DeCoursey Dental Practice**

**10 August 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 10 August 2015 from 10.00 to 13.00. Overall on the day of the inspection the management of medical emergencies was found to be safe. The management of recruitment and selection was 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 19 August 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	1

The details of the QIP within this report were discussed with Mrs Audrey Sharpe, registered manager and Ms Sarah-Louise Fox-Bann, practice co-ordinator 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> Oasis Dental Care/Mr Andrew Relf	<b>Registered Manager:</b> Mrs Audrey Sharpe
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Audrey Sharpe	<b>Date Manager Registered:</b> 13 April 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 Mrs Audrey Sharpe, registered manager, Ms Sarah-Louise Fox-Bann, practice co-ordinator, the lead dental nurse and a trainee dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, 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 19 August 2014. The completed QIP was returned and approved by Elaine Connolly.

#### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 19 August 2014

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	The use of a mild antibacterial soap should be considered for general hand washing at the practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  It was observed in one surgery that mild antibacterial soap was available for general hand washing.	

	Discussion with staff confirmed that mild antibacterial soap is readily available throughout the practice.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	A record of the automatic control test should be made each day.  <b>Action taken as confirmed during the inspection:</b>  Discussion with the lead dental nurse and a review of records confirmed that daily automatic control tests for both sterilisers are carried out and specifics recorded daily.	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	It should be confirmed to RQIA when a date has been agreed to undertake validation of the steam sterilisers.  <b>Action taken as confirmed during the inspection:</b>  A review of the validation certificate evidenced that the steam sterilisers validation was undertaken on 22 September 2014.	<b>Met</b>

### 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.

Observation and discussion with Mrs Sharpe and staff confirmed that staff 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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The lead dental nurse was 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 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 the practice co-ordinator and 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 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 Mrs Sharpe and 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 the lead dental nurse confirmed that there has been one medical emergency in the practice since the previous inspection. The lead dental nurse demonstrated that this had been managed effectively, efficiently and compassionately.

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**

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?**

There was no recruitment policy available for review. A policy needs to be developed to reflect legislative 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;
- details of full employment history, including an explanation of any gaps in employment;
- two written references;
- 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.

The arrangements for enhanced AccessNI checks were reviewed. In the two files reviewed it was evident that enhanced AccessNI checks were in place. However, one of the checks had been received after the staff member commenced work. Mrs Sharpe confirmed that the practice have subsequently put a system in place to ensure that enhanced Access NI checks are in place prior to new staff commencing work.

A staff register was developed during the inspection 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 Sharpe is aware that this is a live document that should be kept up to date.

Mrs Sharpe 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 found that recruitment and selection procedures are generally safe.

### **Is Care Effective?**

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement. Job description templates were in place, however, copies of job descriptions were not included in the files reviewed. Mrs Sharpe has readily agreed to ensure that a copy of the job description will be held on file for any new staff employed.

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

Discussion with Mrs Sharpe and staff 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 found that recruitment and selection procedures are generally effective.

### **Is Care Compassionate?**

Recruitment and selection procedures, including obtaining an enhanced Access NI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, enhanced AccessNI checks were in place. However, one of the checks had been received after the staff member commenced work. The importance of obtaining enhanced Access NI checks prior to commencement of employment was discussed with Mrs Sharpe.

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 it was found that recruitment and selection procedures are compassionate.

### **Areas for Improvement**

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

The policy for recruitment and selection needs to be developed to reflect legislative and best practice guidance.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</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 Mrs Audrey Sharpe, registered manager, Ms Sarah-Louise Fox-Bann, practice co-ordinator, the lead dental nurse and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three questionnaires 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 RQIA to the practice for completion. Discussion with Mrs Sharpe and 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. However, a copy of the most recent patient satisfaction report had not been submitted to RQIA prior to the inspection. The most recent patient satisfaction report was made available for review during the inspection.

Review of the 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 Mrs Audrey Sharpe, registered manager and Ms Sarah Louise Fox-Bann, practice co-ordinator 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.

## Quality Improvement Plan

Statutory Requirements	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>10 August 2015</b></p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing employment in the future.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Enhanced Access NI Checks are undertaken and received prior to any new staff commencing employment with immediate effect. 9/08/15</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>10 November 2015</b></p>	<p>It is recommended that the recruitment policy is developed. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> <li>• advertising and application process;</li> <li>• shortlisting, interview and selection process;</li> <li>• issuing of job description and contracts/agreements;</li> <li>• employment checks including two written references;</li> <li>• exploration of employment history including any gaps in employment;</li> <li>• pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties;</li> <li>• arrangements for obtaining an enhanced AccessNI check; and</li> <li>• evidence of professional qualifications and GDC registration if applicable.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Head Office Human Resources department are in the process of revising the recruitment policy to include the above recommendations. Effective 9/08/15</p>

<b>Registered Manager Completing QIP</b>	Audrey Sharpe	<b>Date Completed</b>	10/08/15
<b>Registered Person Approving QIP</b>	Andy Relf	<b>Date Approved</b>	11/8/15
<b>RQIA Inspector Assessing Response</b>	Norma Munn	<b>Date Approved</b>	05/11/15

*\*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\**