



The Regulation and
Quality Improvement
Authority

Gary McCleary & Co Ltd Dental Practice
RQIA ID: 11511
21 Church Place
Lurgan
BT66 6EY

Inspector: Jo Browne
Inspection ID: IN022550

Tel: 028 3832 5979

**Announced Care Inspection
of
Gary McCleary & Co Ltd Dental Practice
6 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

1. Summary of Inspection

An announced care inspection took place on 6 August 2015 from 10.00 to 11.50. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Further improvement is necessary in relation to recruitment and selection procedures. One issue from the previous inspection in relation to infection prevention and control policies and procedures was partially addressed and further development is necessary. Areas for improvement were identified 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 5 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
Total number of requirements and recommendations made at this inspection	2	6

The details of the QIP within this report were discussed with Miss Veronica McCann, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Gary McCleary & Co Ltd Mr Gary McCleary	Registered Manager: Miss Veronica McCann
Person in Charge of the Practice at the Time of Inspection: Mr Gary McCleary	Date Manager Registered: 6 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 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 Miss McCann and one dental nurse. Mr McCleary was treating patients and met briefly with the inspector.

The following records were examined during the inspection: relevant policies and procedures, training records, four staff personnel files, job descriptions, contracts of employment, and 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 5 August 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 5 August 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (7) Stated: First time	The responsible individual must ensure that all issues identified in relation to the environment are addressed as outlined in the main body of the report.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the environment confirmed that all the previous issues identified had been fully addressed.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The responsible individual should ensure that plugs are removed and the overflows in all dedicated hand washing basins should be blanked off using a stainless steel plate and sealed with antibacterial mastic.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the environment confirmed that the plugs had been removed from all dedicated hand washing basins and the overflows blanked off as advised.	
Recommendation 2 Ref: Standard 13 Stated: First time	The responsible individual should ensure that the infection prevention and control policies and procedures are reviewed and further developed as outlined in the main body of the report.	Partially Met
	Action taken as confirmed during the inspection: The infection prevention and control policies and procedures were reviewed following the previous inspection however further work is needed to ensure that they are in line with best practice guidance. This recommendation is stated for the second time within this report.	

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 for staff 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 generally in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Miss McCann was advised that when the current form of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by Health and Social Care Board (HSCB). IV Midazolam was removed from the emergency medication during the inspection and returned to the pharmacy.

A revised expiry date had not been identified for Glucagon which was not stored in the fridge. Glucagon has a shelf life of 18 months when not stored in the fridge and this should be marked on the medication packaging, the expiry date was amended during the inspection by Miss McCann. A system is in place to ensure that emergency medicines do not exceed their expiry date.

Review of the emergency equipment as recommended by the Resuscitation Council (UK) guidelines highlighted that some equipment was not available at the time of inspection. The equipment included portable suction, oropharyngeal airways and face masks. Miss McCann and the dental nurse who spoke with the inspector confirmed that the equipment had previously been available during training a few weeks earlier. Evidence was submitted to RQIA on 11 August 2015 that the missing equipment had been replaced.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Due to the action taken during and following the inspection the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

The practice has a protocol available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, there was no management of medical emergencies policy available. The policy should include arrangements for training, provision of equipment, emergency medication, checking procedures, how to summon help, incident documentation and staff debriefing.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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

Develop and implement a management of medical emergencies policy in line with best practice guidance.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and Selection

Is Care Safe?

Review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. The policy should include arrangements for open recruitment, advertising, application process, issuing of job descriptions and contracts of employment, employment checks prior to staff commencing work including AccessNI; the provision of a criminal conviction declaration and confirmation that the person is physically and mentally fit to fulfil their duties.

Four personnel files of staff recruited since registration with RQIA were examined. Regulation 19 (2) (d) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005 clearly states the information required in respect of all employees and this was discussed with Miss McCann. In line with the legislation individual personnel records should contain the following:

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

The arrangements for AccessNI checks were reviewed. In one file it was identified that an Enhanced AccessNI was received after the staff member commenced work. Another file contained a basic AccessNI disclosure which was also received after the staff member

commenced work. It was further identified that two staff that had recently commenced work in the practice after working as trainees and that they did not have an enhanced AccessNI check undertaken. Miss McCann agreed to address this immediately.

AccessNI information was observed to be stored in the individual personnel files. The date the AccessNI check was sent, the date received, the certificate number and the action taken on the information provided should be recorded within each personnel file and the certificate destroyed in line with data protection. The AccessNI certificate should only be retained for as long as it takes the registered person to make a decision regarding recruitment and no longer than six months.

Discussion with Miss McCann confirmed the practice accepts CVs from applicants. Review of the personnel files confirmed that the CVs had not provided all information 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.

Miss McCann was directed to the Labour Relations Agency and the Equality NI websites for advice and support on how best to ensure all of the information as stated above is provided in respect of persons employed in the practice.

A staff register developed during the inspection to contain staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.

There was no robust system in place to check the GDC registration of staff, although some staff did display their current certificate of registration within the surgery.

Miss McCann 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 further improvement is needed to ensure the practice's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Four 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 for some staff within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice. Formal induction programmes were not in place for dental practitioners; however Miss McCann confirmed that an informal induction would be undertaken.

Discussion with Miss McCann 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 that recruitment and selection procedures are effective.

Is Care Compassionate?

Enhanced AccessNI checks had not been undertaken in respect of three staff recruited since registration with RQIA. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Miss McCann.

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 identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

Further develop the recruitment and selection policy and procedure in line with the legislation and best practice guidance

Ensure that all information required by legislation is retained for each employee before commencing employment.

Ensure AccessNI enhanced disclosures are undertaken for the identified staff and the information should be managed and stored in line with best practice guidance.

Develop robust systems to check the registration status of all staff with their professional body on an ongoing basis. Copies of certificates should be retained by the practice within the individual personnel files.

All staff should complete a formal induction programme relevant to their roles and responsibilities when they commence work in the practice.

Number of Requirements:	2	Number of Recommendations:	4
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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 McCleary, registered person, Miss McCann, registered manager and one dental nurse. 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/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. As previously stated a formal induction programme should be developed for dental practitioners.

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. Review of documentation and discussion with Miss McCann 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.

5.5.4 Infection Prevention and Control (IPC) Policies and Procedures

The IPC policies and procedures were updated by the practice following the previous inspection. However, further work is needed to ensure that they contain all of the information in line with best practice guidance. The policy and procedures should include the following:

- prevention and management of blood borne virus exposure;
- management of spillages;
- management of sharps and inoculation incidents;
- cleaning and maintaining the environment;
- hand hygiene;
- arrangements for the use, maintenance and repair of all medical devices;
- use of personal protective equipment (PPE); and
- management and disposal of waste.

Areas for Improvement

Further develop the IPC policies and procedure in line with best practice.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Veronica McCann, registered manager, 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 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>Requirement 1</p> <p>Ref: Regulation 19 (2) (d) Schedule 2</p>	The registered manager must ensure that all information as outlined in Regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005 is retained for all new staff before commencing employment.
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Stated: First time

To be Completed by:
6 August 2015

Response by Registered Person(s) Detailing the Actions Taken:
Completed

Requirement 2

Ref: Regulation 19 (2) (d) Schedule 2

Stated: First time

To be Completed by:
6 September 2015

The registered manager must ensure AccessNI enhanced disclosures must be undertaken for the staff identified during the inspection.

Response by Registered Person(s) Detailing the Actions Taken:
Completed . Enhanced AccessNI obtained

Recommendations

Recommendation 1

Ref: Standard 13

Stated: Second time

To be Completed by:
6 November 2015

The responsible individual should ensure that the infection prevention and control policies and procedures are reviewed and further developed as outlined in the main body of the report.

Response by Registered Person(s) Detailing the Actions Taken:
policy review and completed

Recommendation 2

Ref: Standard 12.1

Stated: First time

To be Completed by:
6 November 2015

It is recommended that a management of medical emergencies policy is developed and implemented in line with best practice guidelines.

Response by Registered Person(s) Detailing the Actions Taken:
New policy developed and completed

Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 6 November 2015	It is recommended that a recruitment and selection policy and procedure is further developed as outlined in the main body of the report.		
	Response by Registered Person(s) Detailing the Actions Taken: Recruitment policy reviewed and further developed and completed		
Recommendation 4 Ref: Standard 11.2 Stated: First time To be Completed by: 6 September 2015	It is recommended that AccessNI information is stored in line with the AccessNI code of practice.		
	Response by Registered Person(s) Detailing the Actions Taken: Information stored as per code of practice		
Recommendation 5 Ref: Standard 11.2 Stated: First time To be Completed by: 6 September 2015	It is recommended that a robust system is developed for checking the registration status of staff with their professional body on an ongoing basis. A copy of their registration certificates should be retained within their personnel files.		
	Response by Registered Person(s) Detailing the Actions Taken: Completed and stored within personnel files		
Recommendation 6 Ref: Standard 11.3 Stated: First time To be Completed by: 6 October 2015	It is recommended that all staff complete a formal induction programme relevant to their roles and responsibilities when they commence work in the practice. Records of induction should be retained.		
	Response by Registered Person(s) Detailing the Actions Taken: completed and records obtained and stored		
Registered Manager Completing QIP	Veronica McCann	Date Completed	01/09/2015
Registered Person Approving QIP	Gary McCleary	Date Approved	01/09/2015
RQIA Inspector Assessing Response	Jo Browne	Date Approved	08/09/2015

Please ensure the QIP is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address