Announced Care Inspection Report
07 February 2017

Gary McCleary & Co Ltd Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 21 Church Place, Lurgan, BT66 6EY
Tel no: 028 3832 5979
Inspector: Philip Colgan

1.0 Summary

An announced inspection of Gary McCleary & Co Ltd Dental Practice took place on 07 February 2017 from 08:30 to 10:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Miss Veronica McCann, registered manager, and staff demonstrated that, in general, systems and processes were in place to ensure that care to patients was safe and to avoid and prevent harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. A requirement and a recommendation were made in relation to radiology and decontamination.

Is care effective?

Observations made, review of documentation and discussion with Miss McCann and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Miss McCann and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (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.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 August 2015.

2.0 Service details

Registered organisation/registered person: Gary McCleary and Co Ltd Mr Gary McCleary	**Registered manager:** Miss Veronica McCann
Person in charge of the practice at the time of inspection: Miss Veronica McCann	**Date manager registered:** 06 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Miss McCann, registered manager and the head dental nurse. Mr McCleary, registered person, was unavailable at the time of the inspection A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 August 2016

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 06 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (2) (d) Schedule 2 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of documentation evidenced that this requirement has been met.	
Requirement 2 **Ref:** Regulation 19 (2) (d) Schedule 2 **Stated:** First time	The registered manager must ensure AccessNI enhanced disclosures must be undertaken for the staff identified during the inspection.	**Met**
	Action taken as confirmed during the inspection: Discussion and review of documentation evidenced that this requirement has been met.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 13 **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: Discussion and review of documentation evidenced that this recommendation has been met.	
Recommendation 2 **Ref**: Standard 12.1 **Stated:** First time	It is recommended that a management of medical emergencies policy is developed and implemented in line with best practice guidelines.	**Met**
	Action taken as confirmed during the inspection: Discussion and review of the medical emergencies policy evidenced that this recommendation has been met.	
Recommendation 3 **Ref**: Standard 11.1 **Stated:** First time	It is recommended that a recruitment and selection policy and procedure is further developed as outlined in the main body of the report.	**Met**
	Action taken as confirmed during the inspection: Discussion and review of the recruitment and selection policy and procedure evidenced that this recommendation has been met.	
Recommendation 4 **Ref**: Standard 11.2 **Stated:** First time	It is recommended that AccessNI information is stored in line with the AccessNI code of practice.	**Met**
	Action taken as confirmed during the inspection: Discussion and review of staff personnel files evidenced that this recommendation has been met.	

Recommendation 5 **Ref**: Standard 11.2 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The practice has introduced a policy whereby the practice pays the staff registration fee and a copy of their registration certificates is retained within their personnel files.	
Recommendation 6 **Ref**: Standard 11.3 **Stated:** First time	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.	**Met**
	Discussion and review of staff personnel files evidenced that this recommendation has been met.	

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Miss McCann confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

The staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

A robust system was in place to ensure that emergency medicines and emergency equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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.

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 location of medical emergency medicines and equipment.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities.

Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfector, a DAC Universal combination autoclave and two steam sterilisers, have been provided to meet the practice requirements. A review of documentation evidenced that

equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice does not audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool and a recommendation was made.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has four surgeries, each equipped with an intra-oral x-ray machine and an OPG machine, located in a separate room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audit of the quality of the radiographs. However, the annual justification and clinical evaluation audit was not completed and a requirement was made.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Miss McCann confirmed that arrangements are in place for maintaining the environment. Control measures as outlined in the Legionella risk assessment are undertaken and recorded. There was evidence that fire systems including fire-fighting equipment are maintained.

A review of the records demonstrated that the fire systems are checked by staff and include regular fire drills.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "Always feel safe"
- "Of course"

Eleven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The six monthly Infection Prevention Society Audit should be completed.

The annual Justification and Clinical Evaluation Audit should be completed.

Number of requirements	1	Number of recommendations	1

4.4 Is care effective?

Clinical records

Miss McCann and staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Electronic and hard copy records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information available for patents. Oral health promotion appointments are available for patients and are allocated based on patient need by the dentists. Miss McCann also confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- patient satisfaction

As previously stated, a requirement has been made to ensure an annual justification and clinical evaluation audit is completed for x-rays.

Communication

Miss McCann confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in-house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- ‘‘Very well looked after by all”
- “My dentist has been very helpful and keeps my best interests in mind ”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. 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.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was made:

- "My dentist is excellent"
- "Very polite and efficient staff"

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed. Staff spoken with were aware of the policies and how to access them. Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. 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.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Miss McCann confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. The range of audits includes x-ray quality and patient satisfaction audits. If required, an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were made:

- "I have always been happy with my treatment"
- "First class service"
- "I always feel welcome"

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the 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 provider/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 provider 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Web Portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 17 (1) **Stated:** First time **To be completed by:** 7 March 2017	The annual justification and clinical evaluation audit should be completed.
	Response by registered provider detailing the actions taken: Last Clinical Audit on Justification and Evaluation was completed in July/Aug 2016. Paperwork available.
Recommendations	
Recommendation 1 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 7 March 2017	The six monthly Infection Prevention Society audit should be completed.
	Response by registered provider detailing the actions taken: Ips audit completed 13/02/2017.

Please ensure this document is completed in full and returned to RQIA's Web Portal

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