



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

**Gransha Dental Surgery**  
**RQIA ID: 11522**  
**89A Glen Road**  
**Belfast**  
**BT11 8BD**

**Inspector: Philip Colgan**  
**Inspection ID: IN023590**

**Tel: 028 90612312**

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**Announced Care Inspection  
of  
Gransha Dental Surgery**

**23 October 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 23 October 2015 from 8.45am to 10.15am. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern.

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 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 10 March 2015.

### 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>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Peter McGuigan	<b>Registered Manager:</b> Mr Peter McGuigan
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter McGuigan	<b>Date Manager Registered:</b> 16 July 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 Peter McGuigan, registered person and one dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment and information in relation to the process for obtaining 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 10 March 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of Recommendations from the last Care Inspection dated 10 March 2015

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>Practice standard work policies/procedures should be developed in relation to;</p> <ul style="list-style-type: none"> <li>• prevention and management of blood borne virus exposure, including the management of spillages in accordance with COSHH, the management of sharps and inoculation injuries;</li> <li>• cleaning and maintaining the environment;</li> <li>• hand hygiene;</li> <li>• the management of the DUWLs;</li> <li>• the use maintenance, service and repair of all medical devices;</li> <li>• the use of personal protective equipment;</li> <li>• a practice uniform policy and;</li> </ul>	<p><b>Met</b></p>

	<ul style="list-style-type: none"> <li>the management and disposal of waste.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that this recommendation has been met.</p>	
<p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that this recommendation has been met.</p>	
<p><b>Recommendation 3</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The dental chair and stool in surgery one should be reupholstered to provide surfaces that can be effectively cleaned.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with staff evidenced that this recommendation had been met.</p>	
<p><b>Recommendation 4</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Fabric covered chairs should be removed from clinical areas.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with staff evidenced that this recommendation had been met.</p>	
<p><b>Recommendation 5</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Establish a refurbishment programme for surgery three, to ensure that the kicker boards are either repaired or replaced to provide an intact surface.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with staff evidenced that this recommendation had been met.</p>	

<b>Recommendation 6</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The floors in surgeries two and three should be sealed at the edges where the floor meets the skirting boards and the cabinetry. <hr/> <b>Action taken as confirmed during the inspection:</b> Observation and discussion with staff evidenced that this recommendation had been met.	<b>Met</b>
<b>Recommendation 7</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The overflows on stainless steel hand washing basins should be blanked off with a stainless steel plate and sealed with antibacterial mastic. <hr/> <b>Action taken as confirmed during the inspection:</b> Observation and discussion with staff evidenced that this recommendation had been met.	<b>Met</b>
<b>Recommendation 8</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time	The summary report of the patient consultation process should be dated to show when the process occurred. <hr/> <b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that this recommendation has been met.	<b>Met</b>

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr McGuigan and the dental nurse 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 McGuigan and the dental nurse confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr McGuigan and the dental nurse and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be safe.

### **Is Care Effective?**

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr McGuigan and the dental nurse demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr McGuigan and the dental nurse confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

### **Is Care Compassionate?**

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr McGuigan and the dental nurse demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available in the practice. The policy was comprehensive reflecting best practice guidance.

One personnel file of a staff member recruited since registration with RQIA was examined. Mr McGuigan is aware of his responsibilities in terms of staff recruitment which includes ensuring the following are in place prior to the commencement of employment:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to 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 of physical and mental health;
- evidence of professional indemnity insurance, where applicable.

A staff register was retained 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 McGuigan 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 recruitment and selection procedures were found to be safe.

### **Is Care Effective?**

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

A review of the records and discussion with Mr McGuigan confirmed that contracts of employment and job descriptions were in place for staff.

Induction programmes are in place relevant to specific roles and are completed when new staff join the practice.

Staff confirmed, in discussion, that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

On the day of the inspection recruitment and selection procedures were found to be effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated 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

Discussion with the dental nurse demonstrated that she has a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with the dental nurse demonstrated that she is knowledgeable about the core values of privacy, dignity, respect and patient choice.

On the day of the inspection recruitment and selection procedures 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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## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required.

Discussion with staff evidenced that they were provided with a job description and contract of employment 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 during discussion 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 the Regulation and Quality Improvement Authority (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 the Regulation and Quality Improvement Authority (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.



**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	P.D McGuigan	<b>Date Completed</b>	03/02/2016
<b>Registered Person</b>	P.D. McGuigan	<b>Date Approved</b>	03/02/2016
<b>RQIA Inspector Assessing Response</b>	<b>Philip Colgan</b>	<b>Date Approved</b>	<b>23/10/2015</b>

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

We are really sorry about the staff questionnaires we did email them but you never received them must have been an error when we sent them that is why we resent them by post thankyou for the report we received we are really please with it thankyou  
Peter Damian McGuigan

***\*Please complete in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\****

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.