

# Announced Care Inspection Report 25 January 2018



## Maguire McCann Dental Surgeons

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 18 Darling Street, Enniskillen, BT74 7EW**

**Tel No: 028 6632 2983**

**Inspector: Norma Munn**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with five registered places.

### 3.0 Service details

<b>Registered Provider:</b> Mr John McCann	<b>Registered Manager:</b> Mr John McCann
<b>Person in charge at the time of inspection:</b> Mr John McCann	<b>Date manager registered:</b> 26 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 25 January 2018 from 11.00 to 14.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified 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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development and radiology. Other examples included health promotion and engagement to enhance the patients' experience.

Two areas requiring improvement against the regulations were identified. These were in relation to the recruitment and selection of staff and maintaining a staff register in accordance with legislation. Two areas requiring improvement against the standards were identified. These were in relation to the provision of medical emergency equipment and to address the infection control issues in the ground floor surgery.

Patients who submitted questionnaire responses to RQIA indicated that they were very satisfied with all aspects of care in this service.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr McCann, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 24 November 2016

Following the announced care inspection on 24 November 2016 a failure to comply notice was issued with regards to the recruitment and selection of staff in respect of AccessNI enhanced disclosure checks. Subsequently an unannounced enforcement compliance inspection was carried out on 7 February 2017 and RQIA was satisfied that full compliance had been achieved.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. No staff questionnaires were returned.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr McCann, registered manager, an associate dentist and two dental nurses. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography

- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

The most recent inspection of the practice was an unannounced enforcement compliance inspection. RQIA was satisfied that full compliance had been achieved and no areas for improvement were made.

### 6.2 Review of areas for improvement from the last care inspection dated 24 November 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

## Staffing

Five 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined 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 Mr McCann confirmed that one staff member had been recruited since the previous inspection. A review of the personnel file for this staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The personnel file reviewed did not contain a criminal conviction declaration, two written references, or a full employment history. Mr McCann confirmed that he had sought telephone references however; a record of these had not been recorded. An area for improvement against the regulations has been made in this regard.

A staff register was not available and an area for improvement against the standards has been made in this regard. The staff register should contain details of name, date of birth, position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection.

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

### **Safeguarding**

Staff 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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included some of the types and indicators of abuse and referral pathways in the event of a safeguarding issue arising with an adult or child. However, the policy did not fully reflect regional policies and best practice guidance. Mr McCann agreed to further develop the safeguarding policy and following the inspection RQIA received a copy of two revised safeguarding policies; one was in relation to adults and one in relation to children. The revised 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. The policies fully reflected regional policies and best practice guidance.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland', the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' and the 'Adult Safeguarding Operational Procedures' were forwarded to the practice following the inspection. The policies should be available for staff reference.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child and oropharyngeal airways. An area for improvement against the standards has been made in this regard.

A robust system was in place to ensure that emergency medicines and 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 in keeping with best practice guidance.

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.

The policy for the management of medical emergencies did not reflect best practice guidance and protocols were not available for staff reference outlining the local procedure for dealing with the various medical emergencies. This was discussed with Mr McCann and following the inspection RQIA received a copy of the revised medical emergencies policy that fully reflected best practice guidance and protocols were also submitted outlining the local procedure for dealing with the various medical emergencies.

## **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were generally 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. However, the surgery located on the ground floor was cluttered with various items stored on the worktops and floor, the surgery needed to be deep cleaned and de-cluttered in order to facilitate effective cleaning and comply with HTM 01-05. Mr McCann confirmed that this surgery is not used on a daily basis and was not operational on the day of the inspection. Mr McCann confirmed that this surgery would not be operational until it is deep cleaned and de-cluttered. Mr McCann also agreed to ensure that the overflow in the hand wash basin in this surgery is blanked off. An area for improvement against the standards has been made to address the issues identified.

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.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers, has 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 continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during January 2018.

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

## **Radiography**

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is 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 audits.

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. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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 during June 2017 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 with the exception of the identified surgery on the ground floor as previously discussed.

Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.



Staff demonstrated that they were aware of the action to take in the event of a fire. A review of records evidenced that staff had attended recent fire awareness training.

A fire risk assessment had been undertaken, however, Mr McCann was unable to locate this during the inspection. Following the inspection Mr McCann submitted copies to RQIA of the fire risk assessment; valid building services maintenance inspection reports and user monitoring checks. These were reviewed by Mr Raymond Sayers, RQIA estates inspector and were found to satisfy the fire safety assurance required for the dental practice.

It was confirmed that arrangements are in place for the management of prescription pads/forms. However written security policies to reduce the risk of prescription theft and misuse had not been developed. Following the inspection RQIA received a copy of a written security policy that fully reflected best practice guidance.

### **Patient views**

Six patients submitted questionnaire responses to RQIA. All indicated that they felt that their care was safe and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to induction, training, appraisal, decontamination procedures and radiology.

### **Areas for improvement**

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be sought and retained for any new staff commencing work in the future.

A staff register should be developed and maintained to include the names and details of all staff who are and have been employed in the practice.

A self-inflating bag with reservoir suitable for use with a child and oropharyngeal airways in various sizes should be provided as recommended by the Resuscitation Council (UK) guidelines.

The identified surgery should be de-cluttered, deep cleaned and fit for purpose prior to becoming operational and the overflow in the wash hand basin in this surgery should be blanked off in keeping with HTM 01-05

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	2

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Clinical records

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

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

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. A discussion took place in relation to the waiting area on the ground floor where some of the patient records are stored. Mr McCann gave assurances that the storage of patient records would be reviewed to ensure that they are kept in a secure area and patient confidentiality is maintained.

Policies were available in relation to records management, data protection and confidentiality and consent.

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. Mr McCann confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of resources are available for use during oral health discussions to include information leaflets, models and an intra-oral camera.

### 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
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance

### Communication

Mr McCann confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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

### **Patient views**

All of the patients who submitted questionnaire responses indicated that their care is effective and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### **Dignity, respect and involvement in decision making**

Staff 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 ensures that patients understand 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 a six monthly 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.

### Patient views

All of the patients who submitted questionnaire responses indicated that they are treated with compassion and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

### Areas of good practice

There were examples of good practice found in relation to ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### 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.

Mr McCann is the 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 on a regular basis. 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.

Mr McCann confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. 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.

Mr McCann demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 views**

All of the patients who submitted questionnaire responses indicated that they felt that their care is well led and were very satisfied with this aspect of their care. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr McCann, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that

all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19, Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 25 January 2018	<p>The registered person shall ensure that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be sought and retained for any new staff commencing work in the future.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The regulations have been reviewed by the practice principal and a list placed along with the recruitment procedures of the required pre-employment checks. This will be checked at all future employment of new staff and we will seek guidance from RQIA to ensure that we are fully compliant with the legislation before employing any new staff.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2018</p>	<p>The registered person shall ensure that a staff register is developed and maintained to include the names and details of all staff who are and have been employed in the practice.</p> <p>The register should include the name, date of birth, position, dates of employment and details of professional qualification and professional registration with the GDC, where applicable. This should also include self-employed staff working in the practice.</p> <p>Ref: 6.4</p>
<p><b>Response by registered person detailing the actions taken:</b> A live staff register has been developed with the information as required and will be maintained with any changes over time.</p>	
<p><b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2018</p>	<p>The registered person shall ensure that a self-inflating bag with reservoir suitable for use with a child and oropharyngeal airways in various size are provided as recommended by the Resuscitation Council (UK).</p> <p>Ref: 6.4</p>
<p><b>Response by registered person detailing the actions taken:</b> A paediatric ambu bag with reervoir and the appropriate range of oropharyngeal airways has been purchsed and is present with our emergency oxygen kit.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 January 2018</p>	<p>The registered person shall ensure that the identified surgery on the ground floor is de-cluttered and deep cleaned prior to becoming operational.</p> <p>The overflow in the hand wash basin in this surgery should be blanked off in keeping with HTM 01-05.</p> <p>Ref: 6.4</p>
<p><b>Response by registered person detailing the actions taken:</b> The surgery has been decluttered, cleaned and the sink blanked as per the inspectors recommendations.</p>	

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews