



The Regulation and
Quality Improvement
Authority

Maguire McCann Dental Surgeons
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Inspector: Inspector's Name
Inspection ID: IN023920

Tel: 028 6632 2983

**Announced Care Inspection
of
Maguire McCann Dental Surgeons**

27 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 27 January 2016 from 09:55 to 12:10. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. An outstanding issue from the previous inspection also need to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 25 February 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
Total number of requirements and recommendations made at this inspection	2	3

The details of the QIP within this report were discussed with Mr John McCann, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr John McCann	Registered Manager: Mr John McCann
Person in Charge of the Practice at the Time of Inspection: Mr John McCann	Date Manager Registered: 26 March 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 5

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 John McCann, registered person, an associate dentist and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records and the procedure for managing 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 25 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 25 February 2015

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Fabric chairs should be removed from all dental surgeries.	Met
	Action taken as confirmed during the inspection: Mr McCann confirmed that fabric chairs have been removed from all dental surgeries. It was observed that the chair in surgery three was covered in a wipeable material that could be easily cleaned.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Plugs should be removed from all dedicated hand washing basins and the overflows in all stainless steel hand washing basins must be blanked off using a stainless steel plate sealed with antibacterial mastic.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr McCann confirmed that the overflows in all dedicated stainless steel hand washing basins have been blanked off and that plugs have been removed. Observation of the dedicated hand washing basins in surgeries two and three confirmed this.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A record must be retained of the hot and cold sentinel water temperatures.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that the hot and cold sentinel water temperatures are monitored daily.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Ensure that the procedure to manage the infection risk from their dental unit water lines (DUWLs) is either compliant with the manufacturer's instructions or with best practice guidance as outlined in HTM 01-05.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr McCann confirmed that he sought advice from a dental supplier in regards to the disinfection of DUWLs. All five dental chairs have independent bottled water systems. The DUWLs are disinfected daily using a commercially available biocide.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The following issues in relation to clinical waste must be addressed:</p> <ul style="list-style-type: none"> • Ensure that all clinical waste bins are pedal operated; and • Ensure that sharps containers suitable for the disposal of pharmaceutical waste are provided. <hr/> <p>Action taken as confirmed during the inspection: Observation demonstrated that the clinical waste bins in surgeries two and three and the decontamination room were pedal operated. Sharp containers suitable for the disposal of pharmaceutical waste were observed in surgeries two and three.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The DAC Universal logbook should be further developed to ensure that it fully reflects the periodic testing regime for a washer disinfector and an S Type steam steriliser as outlined in HTM 01-05.</p> <p>This includes undertaking and recording the details of a daily automatic control test (ACT) and a weekly protein residue test.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with a dental nurse demonstrated that the periodic tests undertaken in regards to the DAC Universal are in keeping with HTM 01-05. However, the template available to record the results of periodic tests does not facilitate the recording of the daily ACT or the weekly protein test. This was discussed with Mr McCann and the dental nurse. This recommendation has not been fully addressed and it has been stated for the second time.</p>	<p>Partially Met</p>

Recommendation 7 Ref: Standard 13 Stated: First time	Review the practice supply of reusable dental instruments and ensure the practice has a sufficient supply of instruments to meet the practice demands.	Met
	Action taken as confirmed during the inspection: Mr McCann confirmed that he undertook a review of the practice supply of reusable dental instruments and storage procedures. This review demonstrated that the practice had sufficient instruments to meet the practice demands.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr McCann and staff confirmed that the management of medical emergencies is included in the induction programme and that arrangements are in place to updated training on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Review of documentation and discussion with Mr McCann demonstrated that the most recent occasion staff completed medical emergency refresher training provided by an external organisation was during December 2014. Mr McCann confirmed that the refresher training had been arranged for December 2015; however this had been rescheduled by the external organisation. This refresher training has now been scheduled for 18 February 2016 and as an interim measure Mr McCann was advised that he should provide staff with in house refresher training.

Discussion with Mr McCann and staff demonstrated 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 in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. Mr McCann confirmed that the practice does not have an automated external defibrillator (AED) or formal arrangements in place to access a community AED. A recommendation was made in regards to the provision of an AED. It was also noted that portable suction, a self-inflating bag with reservoir suitable for use with a child and clear face masks suitable for use with children were not available. This was discussed with Mr McCann who readily agreed to provide this equipment. On 4 February 2016 Mr McCann submitted confirmation to RQIA by email that this equipment is now available 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 McCann and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

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

Is Care Effective?

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. Mr McCann confirmed that an overarching policy for the management of medical emergencies had not been established. On 3 February 2016 Mr McCann submitted a medical emergency policy to RQIA. This policy is reflective of best practice guidance.

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

Discussion with Mr McCann and staff 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 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

Advice and guidance should be sought in regards to the provision of an AED.

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

Is Care Safe?

There was a recruitment policy and procedure available. The policy was amended during the inspection to include the arrangements in regards to pre-employment checks. The updated policy is comprehensive and reflective of best practice guidance.

Maguire McCann Dental Surgeons has recruited one staff member since registration with RQIA. Mr McCann confirmed that for confidentiality reasons he stores all staff personnel files at his home and that the staff personnel file for the identified staff member was not available

for review. Mr McCann was advised that all records pertaining to the practice should be available for review during inspections and a recommendation was made in this regard.

As the staff personnel was not available for review the inspector discussed that the following information should be retained in staff personnel files:

- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Mr McCann confirmed that practice did not undertake an enhanced AccessNI check for the identified staff member and that the personnel file does not include written references. The procedure for undertaking and receiving enhanced AccessNI checks was discussed with Mr McCann and a requirement was made in this regard. Mr McCann was advised that staff personnel files must contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A requirement has been made in this regard.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth and leaving dates. Mr McCann is aware that the staff register is a live document and should be kept up-to-date.

Mr 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 recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Induction programme templates are in place relevant to specific roles within the practice.

Discussion with Mr 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 recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect 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. As previously stated, an issue was identified in relation to enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment was discussed with Mr 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

An enhanced AccessNI check must be undertaken and received for the identified staff member. Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

All records pertaining to the practice should be retained in the practice and available for review by inspectors.

Number of Requirements:	2	Number of Recommendations:	1
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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 John McCann, registered person, an associate dentist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. One was returned to RQIA within the timescale required.

Review of the submitted questionnaire 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. The submitted questionnaire indicated that staff had not received annual refresher training on the management of medical emergencies. As discussed previously in section 5.3 of this report training has been scheduled for 18 February 2016.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. Discussion with Mr McCann and the evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. 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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr John McCann, registered person, 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 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 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 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 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> <p>Stated: First time</p> <p>To be Completed by: 03 February 2016</p>	<p>The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken and received for the identified staff member; and • enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. <p>Response by Registered Person Detailing the Actions Taken: AccessNI check now applied for</p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) (d) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 27 January 2016</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by Registered Persons Detailing the Actions Taken: The requirements have been highlighted in our recruitment policy to ensure that they are met in relation to future staff, and personnel files for existing staff are being updated also</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be Completed by: 27 January 2016</p>	<p>The DAC Universal logbook should be further developed to ensure that it fully reflects the periodic testing regime for a washer disinfectant and an S Type steam steriliser as outlined in HTM 01-05.</p> <p>This includes undertaking and recording the details of a daily automatic control test (ACT) and a weekly protein residue test.</p> <p>Response by Registered Person Detailing the Actions Taken: DAC logbook has now been modified as per guidance given to staff by inspector on day of inspection and daily ACT and weekly protein residue tests are being recorded</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 February 2016</p>	<p>It is recommended that Mr McCann seeks advice and guidance from his medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Persons Detailing the Actions Taken: We are now in the process of ordering an AED</p>

Recommendation 3 Ref: Standard 8.5 Stated: First time To be Completed by: 27 January 2016	It is recommended that all records pertaining to the practice are retained at the practice for review by inspectors and for ease of staff reference.		
	Response by Registered Persons Detailing the Actions Taken: Such records were held outside practice for confidentiality purposes but are now held in the practice in a securely locked filing cabinet.		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	21/03/2016

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address