

Announced Care Inspection Report 24 November 2016



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: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Maguire McCann Dental Surgeons took place on 24 November 2016 from 10:00 to 13:05.

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 Mr McCann, registered person, and staff demonstrated that robust governance arrangements have yet to be developed in respect of recruitment and selection of staff to ensure that care provided to patients is safe and avoids and prevents 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 had been made during the previous care inspection in regards to AccessNI enhanced disclosure certificates. This requirement had not been addressed and issues of concern were again identified in relation to AccessNI enhanced disclosure checks. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 06 December 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The failure to comply notice relates to staff recruitment practices. The date by which compliance must be achieved is 07 February 2017.

Is care effective?

Observations made, review of documentation and discussion with Mr 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 Mr 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 some deficits in terms of leadership and governance arrangements in respect of the recruitment and selection of staff. 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 provider's understanding of their role and

responsibility in accordance with legislation. Whilst Mr McCann demonstrated a clear understanding of his role and responsibility in accordance with legislation and registration with RQIA, as a result of the issues identified during this inspection, a failure to comply notice has been issued to Maguire McCann Dental Surgeons in relation to staff recruitment practices.

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	0	0

Details of the issues identified during this inspection were discussed with Mr McCann, registered person, as part of the inspection process. As a result of the findings of this inspection a failure to comply notice was issued to Maguire McCann Dental Surgeons on 07 December 2016. The date by which compliance must be achieved is 07 February 2017.

Enforcement action resulted 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 27 January 2016.

2.0 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 places: 5

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 Mr John McCann, registered person, and two dental nurses. A tour of some areas 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 27 January 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 27 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time	The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed: <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. 	Not Met and subsumed into a failure to comply notice

	<p>Action taken as confirmed during the inspection: Mr McCann confirmed that due to extenuating circumstances an AccessNI enhanced disclosure check had not been undertaken or received for the identified staff member.</p> <p>Review of submitted staffing information demonstrated that one staff member had commenced work in the practice since the previous inspection.</p> <p>It was confirmed that the enhanced AccessNI check in respect of the staff member recruited since the previous inspection was undertaken and received ten days after they had commenced employment.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) (d) Schedule 2</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: As discussed one staff member had commenced work in the practice since the previous inspection. A review of the staff personnel file evidenced that it included all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</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>Met</p>

	<p>Action taken as confirmed during the inspection: Review of the DAC Universal logbook evidenced that all periodic tests are undertaken and recorded in keeping with HTM 01-05.</p>	
<p>Recommendation 2 Ref: Standard 12.4 Stated: First time</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>Action taken as confirmed during the inspection: Mr McCann confirmed that following consultation with his medico-legal advisor he purchased an AED. An AED was observed to be available in the practice and staff training has been scheduled for January 2017.</p>	Met
<p>Recommendation 3 Ref: Standard 8.5 Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: All records requested during the inspection were available for review.</p>	Met

4.3 Is care safe?

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

During the announced inspection on 27 January 2016 it was identified that one staff member had commenced employment in Maguire McCann Dental Surgeons without the required AccessNI enhanced disclosure check having been undertaken. A requirement was made to address this. As previously stated Mr McCann confirmed that due to extenuating circumstances at that time an AccessNI enhanced disclosure check had not been undertaken or received for the identified staff member.

A review of the submitted staffing information and discussion with Mr McCann confirmed that one staff member had commenced employment in the practice since the previous inspection. A review of the personnel file for this staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. However, it was identified that the AccessNI enhanced disclosure check had not been received until 10 days after they commenced employment.

Despite having raised these matters during a previous inspection RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. A meeting was held on 06 December 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 07 February 2017.

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

Safeguarding

As discussed previously concerns have been identified in relation to staff recruitment practices to include the procedure in regards to ensuring AccessNI enhanced disclosure checks are undertaken and received prior to staff commencing employment. Despite having raised these concerns during inspections, RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised. As a result of the concerns identified a failure to comply notice has been issued in relation to staff recruitment practices. The date by which compliance must be achieved is 07 February 2017.

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.

One overarching policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. The policy 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 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 reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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.

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 disinfectant, a DAC Universal 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 continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during November 2016.

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 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 high 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.

Arrangements are in place for maintaining the environment to include routine servicing of the fire detection system and firefighting equipment and central heating oil burner. Portable appliance testing (PAT) of electrical equipment is undertaken two yearly and arrangements are in place to ensure the fixed electrical wiring installation are inspected.

Mr McCann confirmed that the fire risk assessment was completed in house and that arrangements are in place to review the risk assessment annually. Fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Mr McCann confirmed that the legionella risk assessment had been completed in house and that water temperatures are monitored and recorded.

Review of records confirmed that all pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

Patient and staff views

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

- “Always reassured by professional care provided”
- “All environment in this practice is excellent”
- “John explains all procedures thoroughly. I am very nervous dental patient and am always put at ease by staff”
- “I was very impressed at my first treatment at this practice. I was fully informed of treatment planned for me and any fears I had were put to rest”

Five 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

Despite having raised issues in respect of AccessNI enhanced disclosure checks during the previous inspection, discussion with Mr McCann and review of documentation again identified that a member of staff had commenced employment prior to receipt of an enhanced AccessNI check. As discussed a failure to comply notice was issued to Maguire McCann Dental Surgeons on 07 December 2016. The date by which compliance must be achieved is 07 February 2017.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Clinical records

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

Mr McCann confirmed 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.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. 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. 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. The provision of an intra-oral camera exceeds best practice guidance. A dental nurse is a qualified oral health educator. Mr McCann confirmed that he writes a monthly article for a local newspaper.

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. A policy and procedure and template referral letters have been established.

Staff meetings are held on a routine 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 and staff views

All seven 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:

- “Recently I was suffering sever toothache the tooth was treated by staff, I needed root canal treatment everything was explained clearly and all my questions and concerns were dealt with”
- “Always been treated well with full understanding and patience for my knowing of English as a second language”
- “I had enquired about the teeth whitening procedure and John talked me through all options”
- “I was fully informed of planned treatment and I felt that not only did I have a say in the planning but what I said was listened to and acted upon in a professional manner”

All five 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. The following comment was included in a questionnaire response:

- “I think Maguire McCann go out of their way at all times to provide excellent customer care”

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 seven patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “In my recent treatment I suffered postural hypotension I was very well cared for and the staff ensured that I was recovered before I left the dentist chair even though that took some time”
- “All staff always have been very friendly nice and most of all very professional and competent. I am with this practice for last 10 years and I am very happy with their services and care they provide”

- “The dental studio is very well laid out, private and calming. A million miles from the dentist of my childhood. My kids go there and have never been nervous”
- “The services staff are very willing to answer my questions and participate in two ways communication”
- “Was totally impressed and very impressed by the way I was treated by all the staff at this practice. I felt my personnel needs were being catered for and not the feeling of being on a conveyor belt like my previous practice”

All five 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. The following comment was included in a questionnaire response:

- “Patients are always treated with the upmost respect”

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. Mr McCann has 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 an annual 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, discussion with Mr McCann and review of documentation evidenced 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. However, as discussed a review of documentation and discussion with Mr McCann evidenced areas of concern in relation to the recruitment and selection of staff. Robust governance arrangements to ensure that staff will be recruited in keeping with legislative requirements have yet to be developed and a failure to comply notice has been issued to address this.

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 seven patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- "I have been always informed about any changes that would affect me. Well explained and understood"
- "Everything is very up-to-date and John is always very well informed and innovative"
- "I was very impressed at all aspects concerning this practice the staff all appeared very motivated from the receptionist to the actual dentist. Everyone appeared organised and orderly"

All five submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- "Management of the practice is excellent"

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

The areas of concern identified in respect of the recruitment and selection of staff to include AccessNI enhanced disclosure checks have been subsumed into a failure to comply notice issued to Maguire McCann Dental Surgeons on 07 December 2016. The date by which compliance must be achieved is 07 February 2017.

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.



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

Web www.rqia.org.uk

 @RQIANews