

Report of Announced Inspection 2 October 2019 and Unannounced Inspection 22 October 2019



Maguire McCann Dental Surgeons

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

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Inspectors: Bridget Dougan and Norma Munn

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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



In respect of dental practices for the 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with five registered places.

3.0 Service details

Registered Person: Mr John McCann	Registered Manager: Mr John McCann
Person in charge 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

4.0 Action/enforcement taken following the most recent inspection dated 2 August 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 2 October 2019 from 11.00 to 13.00 and a further unannounced inspection took place on 22 October 2019 from 11.30 to 14.30.

The 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 (DoH) Minimum Standards for Dental Care and Treatment (2011).

During the inspection on 2 October 2019 Bridget Dougan, inspector met with Mr McCann, registered person, two dental nurses and a receptionist and a tour of the premises was also undertaken. No areas for improvement were identified during this visit. This inspection focused on the key patient safety areas listed in section 1.0 of this report.

On 4 October 2019 RQIA received an anonymous letter from an individual reporting to be a patient in the practice. The letter raised concerns in regards to the qualifications and General Dental Council (GDC) registration status of a dental nurse who had assisted the dentist during their treatment. Following receipt of this letter a further unannounced inspection to the practice was undertaken on 22 October 2019 from 11.30 to 14.30.

During this visit Bridget Dougan and Norma Munn, inspectors met with Mr McCann, registered person, the practice manager, an associate dentist and one dental nurse.

On arrival we informed Mr McCann that following the announced inspection on 2 October 2019 we had received an anonymous letter from an individual reporting to be a patient of the practice. The letter raised concerns in regards to the GDC registration and qualifications of a dental nurse. Mr McCann informed us that the member of staff referred to in the letter was no longer working in the practice and he also informed us that this staff member had been the only new staff member to have commenced employment in the practice since the inspection undertaken on 2 August 2018. This information had not been disclosed during the inspection on 2 October 2019.

A review of some information relating to this staff member identified that the required AccessNI enhanced disclosure check had not been undertaken and all recruitment documentation as outlined in Regulation 19, Schedule 2, as amended of the Independent Health Care Regulations (Northern Ireland) 2005 had not been sought and retained prior to commencement of employment. An induction had not been undertaken and it was established that the member of staff was not registered with the General Dental Council (GDC) or enrolled in a dental nurse course.

During previous inspections to Maguire McCann Dental Surgeons on 27 January 2016 and 24 November 2016 issues relating to recruitment and selection practices had been identified. Following these inspections a failure to comply (FTC) notice was issued in respect of poor recruitment and selection practices. Compliance with this FTC was achieved on 7 February 2017.

Despite robust recruitment and selection systems and processes having being implemented following the issuing of a FTC in 2016, noncompliance in relation to staff recruitment has again been identified.

RQIA were concerned that the necessary safeguards to protect and minimise risk to patients, through robust and effective recruitment practice have not been implemented consistently.

As a result of the identified issues and the history of non-compliance with Regulation 19, Schedule 2, as amended Mr McCann was invited to attend a serious concerns meeting at RQIA on 11 November 2019.

During the meeting Mr McCann provided a full account of the actions taken to address the identified issues and to ensure the minimum improvements necessary to achieve compliance. Having considered the assurances provided, and to ensure sustained compliance, four areas for improvement have been made against the regulations in relation to recruitment and selection practices. Additional information in this regard can be found in section 5.9 of this report.

RQIA will continue to monitor and review the quality of service provided in Maguire McCann Dental Surgeons.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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. The most recent occasion staff completed medical emergency refresher training was during March 2019.

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.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr McCann confirmed that conscious sedation is not provided.

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during September 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr McCann confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

The audits are carried out by Mr McCann on a six monthly basis. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

On 2 October 2019 the inspector enquired about the immunisation status of new staff and Mr McCann confirmed that no new staff had been employed in Maguire McCann Dental Surgeons since the previous inspection. This is discussed further in section 5.9 of the report.

Mr McCann confirmed that records would be retained to evidence Hepatitis B vaccination status of new clinical staff recruited in the future and all clinical staff members, new to dentistry, would be referred to occupational health.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. Mr McCann stated that the DAC Universal had been out of operation for a week prior to the inspection, while awaiting repairs. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff were aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

Radiology and radiation safety

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.

Mr McCann, as radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA in August 2018 demonstrated that Mr McCann had not signed to confirm that the recommendations made had been addressed. This was discussed with Mr McCann, who signed each of the recommendations at the time of the inspection and confirmed that they had all been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr McCann takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.6 Complaints management

There was a complaints policy and procedure in place which was generally in accordance with legislation and DoH guidance on complaints handling. An amendment was required to be made to the complaints pathway for NHS treatment. This was discussed with Mr McCann and the DoH guidance in relation to the Health and Social Care Complaints Procedure (2019) was forwarded to the practice following the inspection.

Patients and/or their representatives were made aware of how to make a complaint by way of the patient’s guide. It was suggested that this information is also displayed in the practice and Mr McCann agreed to this. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

Mr McCann confirmed that no complaints have been received since the practice was first registered with RQIA in 2012. Mr McCann confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that staff were knowledgeable about how to respond to complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr McCann is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr McCann.

5.9 Recruitment and selection of staff

On 4 October 2019 RQIA received a letter from an anonymous source reporting to be a patient of the practice. The letter raised concerns about the registration status and qualification of a dental nurse who had assisted the dentist during their treatment. As a result an unannounced inspection was undertaken on 22 October 2019 to review the systems and processes around the recruitment and selection of staff and to gather more intelligence.

During the inspection it was identified that staff personnel files were retained off site. This was discussed and the personnel records were made available towards the conclusion of the inspection. Mr McCann was advised to ensure that all records pertaining to the recruitment and selection of staff are available for review by inspectors. This issue had been identified during a previous inspection. An area for improvement against the regulations has been made.

Mr McCann confirmed that the member of staff referred to in the letter had only been employed to work for a few days to cover sickness and was no longer working in the practice.

Mr McCann confirmed that he had not carried out an enhanced AccessNI check or any other recruitment checks in relation to this member of staff as outlined in Regulation 19, Schedule 2, as amended, of The Independent Health Care Regulations (NI) 2005.

Some information in respect of this staff member was available to review however, a criminal conviction declaration had not been dated, an employment history had not been updated since 2013, there were no references in place and there was no evidence to confirm the person's physical and mental fitness. Mr McCann was advised to ensure that all information as listed in Regulation 19, Schedule 2, as amended of The Independent Health Care Regulations (NI) 2005 is sought and retained prior to commencement of employment in the future. An area for improvement against the regulations has been made.

Mr McCann confirmed that the member of staff had not completed an induction nor undertaken relevant training. Mr McCann was advised that all staff should receive an induction and training in keeping with RQIA training guidance for dental practices. An area for improvement against the regulations has been made.

The staff register reviewed did not contain the details of this member of staff. Mr McCann was advised that in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (NI) 2005 a staff register should be maintained and should list all staff who work in the practice to include their dates of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. We reinforced that the staff register applies to all staff and should include all information specified in relation to associate dentists or other self-employed persons working in the practice and should be kept up to date. An area for improvement against the regulations has been made.

As discussed, previous inspections to Maguire McCann Dental Surgeons on 27 January 2016 and 24 November 2016 identified issues relating to recruitment and selection practices. Following these inspections a FTC notice was issued in respect of poor recruitment and selection practices. Compliance with this FTC was achieved on 7 February 2017 and Maguire McCann Dental Surgeons remained in compliance until this inspection.

However, as a result of the identified issues in relation to the recruitment and selection practices and the history of non-compliance with Regulation 19, Schedule 2, as amended of the Independent Health Care Regulations (Northern Ireland) 2005, Mr McCann was invited to attend a serious concerns meeting at RQIA on 11 November 2019.

During the meeting Mr McCann provided a full account of the actions taken to address the identified issues and to ensure the minimum improvements necessary to achieve compliance. Having considered the assurances provided, and to ensure sustained compliance, areas for improvement have been made against the regulations in relation to recruitment and selection practices.

RQIA will continue to monitor and review the quality of service provided in Maguire McCann Dental Surgeons. If the actions outlined in the QIP are not addressed this may lead to further enforcement action including possible prosecution for offences.

Areas for improvement

All records pertaining to recruitment should be available for review.

All information as specified in Schedule 2, as amended of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained prior to commencement of employment.

All staff should receive training in keeping with RQIA training guidance for dental practices.

A staff register should be maintained in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (NI) 2005.

5.10 Patient and staff views

Nine patients submitted questionnaire responses to RQIA. These patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All nine patients indicated that they were very satisfied with each of these areas of their care.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No responses were received.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	4	0

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the Quality Improvement Plan (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. 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.

6.1 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21(3), Schedule 3, Part II (8)</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2019</p>	<p>The registered person shall ensure that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are available for inspection.</p> <p>Ref: 5.9</p> <p>Response by registered person detailing the actions taken: All recruitment, selection and personnel records are available within the practice for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) (d) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2019</p>	<p>The registered person shall ensure that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended is sought and retained prior to commencement of employment.</p> <p>Ref: 5.9</p> <p>Response by registered person detailing the actions taken: We are currently recruiting 2 members of staff and all pre-employment procedures are being followed as per Schedule 2 and being retained.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2019</p>	<p>The registered person shall ensure that all staff who work in the practice are trained in keeping with RQIA training guidance for dental practices.</p> <p>Ref: 5.9</p> <p>Response by registered person detailing the actions taken: An active review of all staff training was undertaken and is being maintained actively.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 21(3) Schedule 3 (6)</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2019</p>	<p>The registered person shall ensure that a staff register is maintained in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (NI) 2005.</p> <p>The staff register should be kept updated and be available for inspection.</p> <p>Ref: 5.9</p> <p>Response by registered person detailing the actions taken: Staff register is maintained as a live document and is available for inspection in the practice.</p>
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Please ensure this document is completed in full and returned via Web Portal



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