



The Regulation and
Quality Improvement
Authority

McDonough & Garrett Dental Care
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Bangor
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Inspector: Lynn Long
Inspection ID:IN021369

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**Announced Care Inspection
of
McDonough & Garrett Dental Care**

22 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 22 May 2015 from 09.30 to 11.30. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. 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 8 July 2014.

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	1	7

The details of the QIP within this report were discussed with Mr McDonough, registered provider and Ms Olivia Armstrong, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr David McDonough Mrs Shiela Garrett	Registered Manager: Mr David McDonough
Person in Charge of the Practice at the Time of Inspection: Mr David McDonough	Date Manager Registered: 13 June 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr David McDonough, registered provider, the practice manager and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and the process in place for the recording and updating of 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 8 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 8 July 2014.

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15(2)(b) Stated: Second time	Ensure that the sterilisers are validated in accordance with HTM 01-05. Ref: 10.7	Met
	Action taken as confirmed during the inspection: A review of the records confirmed that the sterilisers had been validated in accordance with HTM 01-05 in June 2014.	

	The practice manager was aware of the need to ensure that this equipment is validated on an annual basis.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1	Carpeting should be removed from surgeries.	Met
Ref: Standard 13.1	Ref:10.2	
Stated: First time	Action taken as confirmed during the inspection: It was confirmed during the inspection that the carpet in the surgeries has been removed and replaced with appropriate flooring.	
Recommendation 2	The overflows on the hand washing sinks in the surgeries be blanked off using a stainless steel plate and sealed with anti-bacterial mastic.	Met
Ref: Standard 13.2	Ref: 10.3	
Stated: First time	Action taken as confirmed during the inspection: The practice manager confirmed during discussion that the overflows on all the hand washing sinks had been blanked off appropriately.	

5.3 Medical and Other Emergencies

Is Care Safe?

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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

A review of the medical emergency arrangements identified a number of issues which need to be addressed to ensure that the management of medical emergencies is in line with best practice guidance.

There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

However, the Dextrose tablets had exceeded their expiry date. They were removed and replaced during the inspection. The practice manager confirmed during discussion that the medications and equipment are checked on a monthly basis. However, the records confirming checks were being undertaken were only signed occasionally.

Mr McDonough confirmed that it is the intention to purchase an automated external defibrillator (AED). However, currently there is no AED available in the practice and there are no formal arrangements to get access to an AED within close proximity to the practice.

A review of the arrangements for the management of emergency equipment identified that not all of the equipment as recommended by the Resuscitation Council (UK) guidelines is available and the retained equipment, including the storage box required cleaning and to be retained clean.

Discussion with 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 it was identified that some improvement is needed to ensure that the management of medical emergencies is safe.

Is Care Effective?

A number of documents are available in different areas of the practice in relation to the management of medical emergencies. However, the practice has not developed their own policy and procedures for the management of medical emergencies.

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

Discussion with 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 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. Development of a local policy and procedure will enhance the arrangements in place.

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

Expiry dates on all medications and emergency equipment should be checked monthly and if required replaced. The records confirming the checks should be signed and dated each month

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

Emergency equipment should be provided as stated in the Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013). Emergency equipment including the storage box should be cleaned and retained clean.

Policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance. The procedures should outline the arrangements in place at this practice.

Number of Requirements:	0	Number of Recommendations:	4
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. The practice engages the services of an external organisation to support them with personnel matters.

Three personnel files of staff recruited since registration with RQIA were examined. It was identified that improvements are required to ensure that the recruitment of staff is in line with the legislative and best practice guidance.

Documents in relation to staff recruitment were retained in a number of different areas of the practice and in a number of different files and folders. Advice and guidance was given to the practice manager in relation to the ongoing management of information which relates to staff recruitment and selection and this included having one personnel file for each staff member containing the relevant information.

There was evidence in all of the files examined that an enhanced AccessNI check was received. However, all of the checks had been received after the date of commencement of employment.

Positive proof of identity, including a recent photograph was not in place in one of the three files reviewed. A criminal conviction declaration, employment history including gaps in employment and evidence of qualifications was not available in two of the three files. None of the files contained confirmation that the person is physically and mentally fit to fulfil their duties. The benefit of having a robust application form for applicants to complete together with systems to record information was discussed during interview was outlined.

One of the files had two references. However, one was not from the most recent employer. References had not been received for two of the three staff. The benefit of having a proforma for requesting references from previous and current employers was discussed.

Confirmation of registration with the General Dental Council (GDC) had not been received at the time of employment. The benefit of accessing the live GDC register and checking the registration status of applications was discussed.

There was evidence of professional indemnity insurance, where applicable.

On the day of the inspection, it was identified that some improvement is needed to ensure that 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.

A contract of employment was in place for all of the newly recruited staff. However, the contracts had not been signed and dated by both the employer and the employee and did not reflect the date of commencement of employment. Job descriptions were included in the files reviewed.

Induction programme templates are in place relevant to specific roles within the practice. However, written records of staff induction are not retained. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.

Discussion with the practice manager confirmed that staff are aware of their roles and responsibilities.

A review of the records and discussion with the practice manager confirmed that clinical staff have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection recruitment and selection procedures were found to be in need of further development to ensure they are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated that further development is needed to reflect good practice in line with legislative requirements.

As discussed, issues were identified regarding the timing of AccessNI checks. Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. The matter of enhanced AccessNI checks not being received prior to the commencement of work in respect of the three recently employed staff was discussed. Mr McDonough and the practice manager are aware of the need to ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new staff.

The practice manager confirmed during discussion that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be improved to ensure they are compassionate.

Areas for Improvement

Ensure enhanced AccessNI checks are undertaken and received prior to commencement of employment.

Staff personnel files for newly recruited staff should include the information as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

It is recommended that written inductions are in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.

Number of Requirements:	1	Number of Recommendations:	2
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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 McDonough, the practice manager and the receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five were returned to RQIA within the timescale required.

Staff confirmed on returned questionnaires that they had been provided with a job description, contract of employment and that they had been involved in an induction programme.

Returned questionnaires indicated that staff have the opportunity to participate in practice meetings and staff training which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

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

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. The most recent patient satisfaction survey was undertaken in 2013. A recommendation was made to undertake a survey of patient satisfaction on an annual basis.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr David McDonough, registered provider and Ms Olivia Armstrong, practice manager, 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/s 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/s 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(s) 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(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

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IMPROVEMENT AUTHORITY **Quality Improvement Plan****Statutory Requirements****Requirement 1**Ref: Regulation 19 (2)
Schedule 2

Stated: First time

To be Completed by:
22 May 2015

The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.

Response by Registered Person(s) Detailing the Actions Taken:

Will be complied with when new employees are recruited in the practice.

Recommendations**Recommendation 1**

Ref: Standard 12.4

Stated: First time

To be Completed by:
22 June 2015

It is recommended that the expiry dates on all medications and emergency equipment are checked monthly and if required replaced.

The records confirming that the checks have been completed should be signed and dated each month by the person undertaking the checks.

Response by Registered Person(s) Detailing the Actions Taken:

Complied

Recommendation 2

Ref: Standard 12.4

Stated: First time

To be Completed by:
22 June 2015

It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.

Response by Registered Person(s) Detailing the Actions Taken:

Ongoing

Recommendation 3

Ref: Standard 12.4

Stated: First time

To be Completed by:
22 June 2015

It is recommended that emergency equipment should be provided as stated in Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).

It is recommended that the emergency equipment including the storage box is cleaned and retained clean.

Response by Registered Person(s) Detailing the Actions Taken:

complied

<p>Recommendation 4</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>It is recommended that policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance. The procedures should outline the arrangements in place at this practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Complied</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 22 May 2015</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> • two written references, including one from the most recent employer; • details of full employment history, including an explanation of any gaps in employment; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation that the person is physically and mentally fit to fulfil their duties; and • completed contracts of employment/agreement <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>To be complied with when recruiting new staff</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 22 May 2015</p>	<p>It is recommended that written inductions are in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Complied</p>
<p>Recommendation 7</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be Completed by: 22 August 2015</p>	<p>It is recommended that a survey of patient satisfaction is undertaken on an annual basis.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Ongoing - in progress</p>

Registered Manager Completing QIP	<i>Ann Amey</i>	Date Completed	18.6.15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	<i>Lynn Long</i>	Date Approved	19.6.15

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations.