

Announced Care Inspection Report 31 January 2017



McGarry Dental Design

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

Address: 101 Main Street, Lisnaskea, BT92 0JD

Tel no: 028 6772 1459

Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of McGarry Dental Design took place on 31 January 2017 from 09:55 to 12:40.

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 McGarry, registered person and staff demonstrated that further development is needed 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 number of issues were identified in relation to radiology and radiation safety as outlined in the main body of this report and a requirement has been made to address these issues. Four recommendations have been made as follows: to establish annual staff appraisals, provide refresher training in safeguarding children and adults, to submit a copy of the validation certificates for the decontamination equipment to RQIA and to review the procedure for the decontamination of dental handpieces.

Is care effective?

Observations made, review of documentation and discussion with Mr McGarry 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. A recommendation has been made in regards to establishing staff meetings, minutes of which should be retained.

Is care compassionate?

Observations made, review of documentation and discussion with Mr McGarry 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 that in the main there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. 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. No requirements or recommendations have been made.

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	1	5

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

Enforcement action did not result 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 08 December 2015.

2.0 Service details

Registered organisation/registered person: Mr Joseph McGarry	Registered manager: Mr Joseph McGarry
Person in charge of the practice at the time of inspection: Mr Joseph McGarry	Date manager registered: 30 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

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 Joseph McGarry, registered person, a dental nurse and a receptionist. 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 08 December 2015

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 08 December 2015

Last care inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: First time	It is recommended that the legionella written scheme is further developed to include the procedure for monitoring the sentinel hot and cold water temperatures. The frequency of monitoring should be in keeping with HSE Legionnaires' Disease: Technical guidance.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with Mr McGarry evidenced that sentinel hot and cold water temperatures are monitored and recorded.	

Recommendation 2	It is recommended that all staff who work in the practice are provided with a job description and contract of employment/agreement.	Met
Ref: Standard 11.1		
Stated: First time	Action taken as confirmed during the inspection: Review of documentation evidenced that model job descriptions for the various roles are in place. Mr McGarry confirmed that should self-employed staff commence work in the future a signed agreement will be in place.	

4.3 Is care safe?

Staffing

Three dental surgeries are available in McGarry Dental Design and Mr McGarry confirmed that a maximum of two surgeries are in operation at any given time. 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Mr McGarry confirmed that procedures for appraising staff performance have not been developed. A recommendation has been made to address this. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr McGarry confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

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.

Mr McGarry confirmed that staff have completed online safeguarding training. However this training was not localised to the practice and it could not be evidenced that all staff had completed safeguarding refresher training. A recommendation has been to address this.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that the regional adult safeguarding document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 was available for staff reference. On the afternoon of the inspection the following documentation was forwarded to the practice by email:

- Adult Safeguarding Operational Procedures (September 2016)
- Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)

Mr McGarry readily agreed to review the safeguarding policies to ensure they fully reflect the new regional guidance documents.

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. An automated external defibrillator (AED) was not available in the practice. However, the practice has timely access to a community AED. 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 documentation and discussion with Mr McGarry evidenced that the most recent occasion staff completed medical emergency refresher training was during June 2015. Medical emergency refresher training should be completed annually. Mr McGarry confirmed that dates had been scheduled for medical emergency refresher training; however the external organisation that provides the training cancelled on each occasion. The practice had to seek an alternative organisation to provide training and the refresher training is scheduled to take place on 13 February 2017.

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 and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that the most recent occasion the equipment used in the decontamination process had been validated was during July and August 2015. Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices outlines that the equipment in use in this practice should be validated annually. Mr McGarry confirmed that a service engineer has been scheduled to validate the equipment on 15 February 2017. A recommendation has been made that a copy of the validation certificates should be submitted to RQIA.

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Discussion with staff 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, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Review of a sample of handpieces evidenced that some handpieces were compatible with the washer disinfectant. Mr McGarry was advised that compatible handpieces should be processed in the washer disinfectant. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during January 2017.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine.

Review of the dedicated radiation protection file demonstrated a number of issues as follows:

- the file included separate reports for each intra-oral x-ray machine issued by the radiation protection advisor (RPA) during April and May 2015. All three reports included recommendations. Mr McGarry confirmed that the recommendations had been addressed at the time, however records to confirm this were not available for review
- the master copy of the local rules signed by all appropriate staff to confirm that they had read and understood the local rules could not be located during the inspection

- not all records relating to radiology and radiation safety were included in the file. The file did not include a record of staff entitlements, a set of employers procedures, records of x-ray quality grading and clinical justification and evaluation recording audits or records to confirm the x-ray equipment had been serviced and maintained in keeping with the manufacturer's instructions

The issues identified above were discussed with Mr McGarry who confirmed that all x-rays taken are recorded in a logbook which includes the x-ray quality grade and clinical justification and evaluation. Mr McGarry also confirmed that the most recent occasion the intra-oral x-ray units were serviced was approximately two years ago and that he did not get a certificate of servicing. A requirement has been made in relation to the issues identified above.

Environment

The environment was maintained to a good 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 annual portable appliance testing (PAT) of electrical equipment. Mr McGarry confirmed that arrangements are in place to service the fire detection system and firefighting equipment. The oil fired central heating burner and intruder alarm are serviced on an annual basis.

Mr McGarry confirmed that the fire and legionella risk assessments are reviewed annually.

Review of documentation evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels during November 2016.

Patient and staff views

Two patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

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. The following comment was included:

- "Excellent highly trained staff of long standing. Premises are in excellent condition"

Areas for improvement

A system should be established to ensure that staff appraisal is undertaken annually and records retained.

Staff training should be provided in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Validation certificates for all equipment used in the decontamination process should be submitted to RQIA.

The procedure for the decontamination of dental handpieces should be reviewed.

The radiation protection file should be reviewed and issued identified in relation to radiology and radiation safety should be addressed.

Number of requirements	1	Number of recommendations	4
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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.

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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets are available in the practice and models are used for demonstration purposes during discussions. A range of oral health products are available for purchase in the practice and free samples of toothpaste and mouth wash are distributed. An intra-oral camera is available for use this exceeds best practice guidance. Mr McGarry also confirmed that he will undertake domiciliary visits to local nursing homes and that he has facilitated oral health awareness sessions in local nursery schools.

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:

- IPS HTM 01-05 compliance
- review of complaints/accidents/incidents

As discussed, audits of x-ray quality grading and justification and clinical evaluation recording audits were not available for review and this has been included in a requirement made in regards to radiology and radiation safety.

Communication

Mr McGarry 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.

Mr McGarry and staff stated that there was effective communication in the practice. Formal staff meetings are not held on a regular basis. However, the staff meet together regularly to discuss clinical and practice management issues, the minutes of these meetings were not recorded. Staff meetings should be held on a regular basis and minutes should be retained and shared with any staff members unable to attend. A recommendation has been made in this regard.

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

Patient and staff views

Both patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All five 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:

- “Very high standards of practice is maintained at all times”

Areas for improvement

Staff meetings should be established and held on a regular basis and minutes retained.

Number of requirements	0	Number of recommendations	1
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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 a routine 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. Mr McGarry confirmed that the practice is in the process of undertaking the 2017 patient satisfaction surveys.

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

Both patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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 McGarry 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 McGarry registered provider/manager demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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

Both patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

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. Comments provided included the following:

- "Service is managed in first class manor"
- "Very approachable any concerns are dealt with quickly and efficiently"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Joseph McGarry, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 15(1)

Stated: First time

To be completed by:
28 February 2017

The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include:

- a copy of the relevant local rules signed by all appropriate staff to confirm they have read and understood them
- a copy of the employer's procedures for the practice to include all aspects as required under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 as amended
- a record of staff entitlements
- audits of x-ray quality grading (to be completed every six months)
- audits of justification and clinical evaluation recording (to be completed annually)
- a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed
- records pertaining to the servicing and maintenance of radiology equipment
- records of radiology training

Response by registered provider detailing the actions taken:
New Radiation File from One Photon is in Place . Servicing records and RPA reports in place.

Recommendations

Recommendation 1

Ref: Standard 11

Stated: First time

To be completed by:
30 April 2017

A system should be established to ensure that staff appraisal is undertaken annually and records retained.

Response by registered provider detailing the actions taken:
System now in place for staff Appraisal

Recommendation 2

Ref: Standard 15.3

Stated: First time

To be completed by:
30 April 2017

Staff training should be provided in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Response by registered provider detailing the actions taken:
Training will be provided

Recommendation 3 Ref: Standard 13.2 Stated: First time To be completed by: 28 March 2017	<p>A copy of the validation certificates for the washer disinfectant and steriliser should be submitted to RQIA on return of this Quality Improvement Plan (QIP).</p> <p>Response by registered provider detailing the actions taken: Complete</p>
Recommendation 4 Ref: Standard 13.2 Stated: First time To be completed by: 28 February 2017	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Response by registered provider detailing the actions taken: Completed</p>
Recommendation 5 Ref: Standard 11.6 Stated: First time To be completed by: 30 April 2017	<p>Establish regular staff meetings. Minutes of all staff meetings should be retained and shared with any staff who were unable to attend the meeting.</p> <p>Response by registered provider detailing the actions taken: Minutes now retained and shared.</p>



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