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11 AUG 2017

IMPROVEMENT AUTHORITY

Announced Care Inspection Report 20 June 2016



McGonigle Dental Practice

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

Address: 2 Carlisle Villas, Mountjoy Road, Omagh, BT79 7AD

Tel No: 028 8224 2145

Inspector: Stephen O'Connor

www.rqia.org.uk

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



2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Responsible Individual: Mr Barry McGonigle	Registered Manager: Mr Barry McGonigle
Person in charge at the time of inspection: Mr Barry McGonigle	Date manager registered: 18 June 2013

Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3
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4.0 Inspection summary

An announced inspection took place on 20 June 2017 from 10:00 to 13:00.

This 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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, appraisal, management of medical emergencies, infection prevention control and decontamination procedures, radiology, the environment, the management of clinical records, the range and quality of audits, health promotion strategies, maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to updating the information in regards to adult safeguarding in the overarching safeguarding policy in line with regional guidance (July 2015) and a patient satisfaction report should be generated on at least an annual basis.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Barry McGonigle, registered person. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 6 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 May 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Barry McGonigle, registered person, an associate dentist and two dental nurses. A tour of some areas of the premises was also undertaken.

A sample of records was 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection**6.1 Review of areas for improvement from the most recent inspection dated 06 May 2016**

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

6.2 Review of areas for improvement from the last care inspection dated 06 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time	The registered person should implement a system for appraising staff performance at least on an annual basis.	Met
	Action taken as confirmed during the inspection: A system for appraising staff performance on an annual basis has been implemented. An appraisal policy and procedure was in place and templates were available to document appraisals. A review of one completed appraisal record and discussion with staff confirmed that a number of staff have completed their appraisal during 2017. Mr McGonigle confirmed that some staff have yet to complete their 2017 appraisal and he provided assurances that these will be completed in the coming months.	
Area for improvement 2 Ref: Standard 13.4 Stated: First time	The registered person should audit compliance with HTM 01-05 on a six monthly basis using the IPS audit tool.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that the Infection Prevention Society (IPS) Health Technical Memorandum (HTM) 01-05 compliance audit is completed every six months. The most recent audit was completed during March 2017.	

Area for improvement 3 Ref: Standard 14.2 Stated: First time	The registered person should ensure that a copy of the legionella risk assessment is retained in the practice and available for review by staff and RQIA. Action taken as confirmed during the inspection: A copy of the legionella risk assessment dated 21 September 2016 was available for review. Mr McGonigle confirmed this risk assessment will be reviewed on an annual basis.	Met
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three 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.

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.

As discussed, 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. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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 McGonigle 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 will be 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.

A recruitment policy and procedure was available.

Safeguarding

Staff 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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy 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. However, the information in regards to adult safeguarding did not fully reflect the regional guidance document and an area of improvement under the minimum standards has been identified to address this.

It was not clear if the most recent regional policy and guidance documents in regards to safeguarding were available in the practice for staff reference. Following the inspection the documents listed below were forwarded to the practice by email:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational procedures' (September 2016)

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.

A policy for the management of medical emergencies was in place and 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 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 March 2017.

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

Radiography

The practice has an x-ray room with an intra-oral x-ray machine. The x-ray room also houses an orthopan tomogram machine (OPG), however, the OPG has been decommissioned.

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 the 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 during August 2015 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions during June 2017.

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 good standard of maintenance and décor. It was observed that wallpaper and tiles (splash back) have been used in the dental surgeries. This is not in keeping with best practice guidance. Mr McGonigle was advised that during the next planned refurbishment of the dental surgeries the use of wallpaper and tiles should be avoided.

The practice is located on the ground floor of the building. Staff facilities and storage are available on the first floor of the building.

Environmental cleaning is completed by staff who are aware of their roles and responsibilities in this regard. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include the routine servicing of the oil fired central heating burner and firefighting equipment. Portable appliance testing (PAT) is undertaken on electrical equipment annually and fixed electrical wiring installations are inspected every five years in keeping with best practice.

It was confirmed that the fire and legionella risk assessments have been completed in house and arrangements are in place to review these risk assessments on an annual basis.

Water temperatures are monitored and recorded as recommended.

Staff demonstrated that they were aware of the action to take in the event of a fire.

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

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Fourteen patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. The following comment was included in a questionnaire response:

- "I always get a warm welcome when I come in"

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

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

Mr McGonigle and the associate dentist confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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 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 McGonigle confirmed that oral health and hygiene is actively promoted on an individual level with patients during their consultations. A range of information leaflets are available and an electronic educational software package and models are used for demonstration purposes. A small range of oral health care products are available for purchase in the practice and samples of toothpaste are freely distributed to patients. Mr McGonigle confirmed that the practice

participates in national campaigns such as national smile month and that the practice Facebook page includes information on oral health.

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 McGonigle and the associate dentist 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 monthly 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 and formal 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 18 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fourteen patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. No comments were included in submitted questionnaire responses.

All eight 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. All eight staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff 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.

There were patient satisfaction surveys available. It was confirmed that the most recent patient satisfaction report was generated in 2014. A report detailing the main findings of patient satisfaction surveys should be generated at least on an annual basis. This has been identified as an area for improvement under the minimum standards. Patient feedback whether constructive or critical, will be 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 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fourteen patients indicated they were very satisfied with this aspect of care, three indicated that they were satisfied and one did not provide a response. No comments were included in submitted questionnaire responses.

All eight 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. All eight staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

A patient satisfaction report should be generated on at least an annual basis.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

Mr McGonigle confirmed that he has not been undertaking any clinical practice since the end of March 2017. Mr McGonigle continues to be in the practice weekly and he confirmed that he is available should staff need to contact him.

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 is the 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 2016 to 31 March 2017.

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 McGonigle and staff 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 McGonigle evidenced 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

All 18 patients who submitted questionnaire responses indicated that they felt that the service is well led. Thirteen patients indicated they were very satisfied with this aspect of the service; four indicated they were satisfied and one did not provide a response. Comments provided included the following:

- "Having attended McGonigle practice for over 60 years – totally satisfied with all my treatment"
- "A first class dental practice"

All eight submitted staff questionnaire responses indicated that they felt that the service is well led. Seven staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response.

- "This practice works as a team and when Mr McGonigle was off everything continued to go smoothly"

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Barry McGonigle, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 including possible prosecution for offences. It is the responsibility of the registered provider 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 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 to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: 20 August 2017	The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Once updated the policy should be shared with staff. Ref: 6.4
Area for improvement 2 Ref: Standard 9.4 Stated: First time To be completed by: 20 August 2017	Response by registered person detailing the actions taken: We have updated our policy + it has been circulated + will also be training topic about at our next practice meeting in September An anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties. Ref: 6.6 Response by registered person detailing the actions taken: A report has been prepared + circulated for checking amongst all staff as feedback sometimes comes to dentists + nurses in surgery without passing reception Finalised report will be available from 17/8/2017



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