Announced Care Inspection Report
06 May 2016

McGonigle Dental Practice

Service Type: Dental Practice
Address: 2 Carlisle Villas, Mountjoy Road, Omagh, BT79 7AD
Tel No: 028 82242145
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of McGonigle Dental Practice took place on 06 May 2016 from 10:00 to 13:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 McGonigle, registered person and staff demonstrated that some improvements are necessary in order for the systems and processes in place to ensure that care 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. Three recommendations were made in relation to the introduction of staff appraisals, completing the Infection Prevention Society (IPS) audit every six months and that the legionella risk assessment should be available for review by staff and RQIA.

Is care effective?

Observations made, review of documentation and discussion with Mr McGonigle and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr McGonigle 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 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 person'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	0	3

Details of the QIP within this report were discussed with Mr Barry McGonigle, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Mr Barry McGonigle	**Registered manager:** Mr Barry McGonigle
Person in charge of the service 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

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 McGonigle, registered person and two dental nurses. A tour 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 24 April 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 24 April 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 12.4 **Stated:** First time	It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.	**Met**
	Action taken as confirmed during the inspection: It was observed that Glucagon medication was retained at room temperature and a revised expiry date had been recorded on the medication packaging to reflect that the cold chain had been broken.	

Recommendation 2 **Ref**: Standard 12.4 **Stated:** First time	It is recommended that Oropharyngeal airways are provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.	**Met**
	Action taken as confirmed during the inspection: Review of emergency equipment demonstrated that oropharyngeal airways in various sizes were available. However, these airways were not packaged and therefore the manufacturer's expiry date could not be identified. This was brought to the attention of Mr McGonigle who readily agreed to replace the airways. On 10 May 2016 Mr McGonigle submitted documentary evidence to RQIA confirming that a new supply of airways had been ordered.	
Recommendation 3 **Ref**: Standard 12.4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Mr McGonigle confirmed that he had sought advice from his medico-legal advisor and that they advised that the provision of an AED is not mandatory. However they recommended that an AED should be available in the practice. Mr McGonigle confirmed that following this recommendation he planned to purchase an AED. However, unexpectedly the practice had to upgrade the computer system and the purchase of an AED was delayed. As an interim measure an AED risk assessment was completed and it was established that an AED is housed in a GP practice within close proximity to the practice. Mr McGonigle confirmed that the practice has timely access to this AED and that formal arrangements to access this AED have been established. The practice does intend to purchase it's own AED. As the practice has timely access to an AED this arrangement is considered to be satisfactory.	

Recommendation 4 **Ref**: Standard 4.1 **Stated:** First time	It is recommended that a system to ensure that each patient's medical history is updated and recorded at the commencement of each new course of treatment, is established and implemented.	**Met**
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff demonstrated that a system is in place to ensure patient's medical histories are updated and recorded at the commencement of each new course of treatment. A clinical record recording audit which includes medical history updates is routinely completed.	
Recommendation 5 **Ref**: Standard 11.1 **Stated:** First time	It is recommended that the recruitment policy and procedure is further developed to ensure the recruitment and selection of staff is undertaken in accordance with best practice and should include; • Evidence that an enhanced AccessNI check is undertaken and received prior to commencing work in the practice, and criminal conviction declaration on applications.	**Met**
	Action taken as confirmed during the inspection: Review of the recruitment policy evidenced that it did reference enhanced AccessNI checks. However, it did not specify that AccessNI checks should be undertaken and received prior to the commencement of employment. The policy was amended during the inspection to include this information. The procedure for obtaining criminal conviction declarations was also added to the policy during the inspection.	

Recommendation 6 **Ref**: Standard 11.1 **Stated:** First time	It is recommended that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in new staff personnel files.	**Met**
	Action taken as confirmed during the inspection: It was established that no new staff have commenced work in the practice since the previous inspection. However, review of documentation evidenced that a recruitment checklist has been developed and it was confirmed that all records specified in Schedule 2 will be retained in personnel files for any new staff.	
Recommendation 7 **Ref**: Standard 11.2 **Stated:** First time	It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the Access NI Code of Practice.	**Met**
	Action taken as confirmed during the inspection: As discussed previously no new staff have commenced work in the practice since the previous inspection. However, review of documentation demonstrated that arrangements are in place to handle enhanced AccessNI checks in keeping with the AccessNI Code of Practice.	

4.3 Is care safe?

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.

Procedures were in place for appraising staff performance, however, Mr McGonigle and staff confirmed that appraisals had not taken place in a number of years. A recommendation was made that a system should be implemented for appraising staff performance at least on an annual basis. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

Recruitment and selection

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 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. As discussed previously the recruitment policy was amended during the inspection. The amended 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.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children.

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.

As discussed previously an AED is not available in the practice, however formal arrangements have been established for the practice to access a community AED in a timely manner.

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 and protocols outlining the local procedure for dealing with the various medical emergencies are available for staff reference.

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 disinfector 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 had not audited compliance with HTM 01-05 using the IPS audit tool. A recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool.

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 in the x-ray room and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a 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. Mr McGonigle confirmed that he completed a legionella risk assessment; however, the risk assessment could not be located during the inspection. Review of documentation and discussion with staff demonstrated that legionella control measures have been implemented and records retained. A recommendation was made that a copy of the legionella risk assessment is retained in the practice and available for review by staff and RQIA.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was in place and review of records confirmed that the pressure vessels were examined on 16 June 2015.

Patient and staff views

Twenty one patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- "All staff very friendly, receptionists, dental nurses and dentists. Everything is well explained"

Seven staff submitted questionnaire responses. All indicated that they felt patients are safe and protected from harm.

Areas for improvement

A system should be implemented for appraising staff performance at least on an annual basis.

Compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool.

The legionella risk assessment should be retained in the practice.

Number of requirements:	0	Number of recommendations:	3

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 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. It was confirmed that 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. Oral health and hygiene information leaflets are available for patients. Mr McGonigle and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A manual produced by the British Dental Association (BDA) which includes information and pictures, toothbrushes and models are used for information and demonstration purposes. The electronic software package used in the practice includes information/pictures in regards to gum disease which are used during patient consultations.

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
- clinical record recording

As discussed previously, the practice has not audited compliance with HTM 01-05 for some time and a recommendation has been made to address this.

Communication

Mr McGonigle confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

All 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options including the risks and benefits were discussed with each patient. This ensured patients understand what treatment is available to them in order that they can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

All 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. 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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. Discussion with staff and review of documentation and the evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr McGonigle 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.

The registered person demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 of the patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was provided:

- "Appointment recently changes and was informed by text. This is an excellent form of communication. Reminder SMS is also very useful"

All submitted staff questionnaire responses indicated that they feel that the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to RQIA's office 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 06 July 2016	The registered person should implement a system for appraising staff performance at least on an annual basis. **Response by registered person detailing the actions taken:** This will be introduced at our Practice Meeting on 6th June. + started after the Summer
Recommendation 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 06 June 2016	The registered person should audit compliance with HTM 01-05 on a six monthly basis using the IPS audit tool. **Response by registered person detailing the actions taken:** This has been completed.
Recommendation 3 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 06 June 2016	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. **Response by registered person detailing the actions taken:** further information has been obtained from BDA. An updated legionella Risk Assessment is beeng undertaken by the practice in the month of June.

Registered manager completing QIP		**Date completed**	3-6-16.
Registered person approving QIP		**Date approved**	
RQIA inspector assessing response		**Date approved**	

Please ensure this document is completed in full and returned to RQIA's Office.

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