



The **Regulation** and
Quality Improvement
Authority

Nigel McGale Dental Surgery Ltd
RQIA ID: 11621
420 Falls Road
Belfast
BT12 6EN

Inspector: Emily Campbell
Inspection ID: IN023625

Tel: 028 9032 8398

**Announced Care Inspection
of
Nigel McGale Dental Surgery Ltd**

20 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 20 January 2016 from 10.00 to 12.20. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Further development is needed to ensure that the management of recruitment and selection is safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 3 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with Mr Nigel McGale, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Nigel McGale	Registered Manager: Mr Nigel McGale
Person in Charge of the Practice at the Time of Inspection: Mr Nigel McGale	Date Manager Registered: 13 September 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2

3. Inspection Focus

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

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

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

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

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

During the inspection the inspector met with Mr Nigel McGale, registered person, an associate dentist, two trainee dental nurses and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment and the procedure for obtaining and reviewing patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 3 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 03 October 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The detail of the daily automatic control test (ACT) for the steriliser should be recorded.	Met
	Action taken as confirmed during the inspection: Review of the steriliser logbook evidenced that an ACT test is recorded daily.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr McGale and staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

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

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). The format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr McGale was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of portable suction and a self-inflating bag with reservoir suitable for use with a child. Oropharyngeal airways were observed to have exceeded their expiry date. A copy of the invoice confirming that these items had been ordered was provided to RQIA on the afternoon of the inspection along with confirmation that the equipment had also been added to the practices checking procedure.

A system is in place to ensure that emergency medicines and some equipment do not exceed their expiry date. As discussed equipment ordered on the day of the inspection has also been added to the checklist. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr McGale and staff demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

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

Discussion with Mr McGale and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr McGale and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr McGale and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy needed further development to ensure it was comprehensive and reflected best practice guidance. A revised recruitment policy was emailed to RQIA on the afternoon of the inspection, which was observed to have been appropriately updated.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable.

The following information was available in only one of the files reviewed:

- positive proof of identity, including a recent photograph
- two written references
- criminal conviction declaration.

A recommendation was made that the above information is obtained and retained in the personnel files of all new staff employed including self-employed staff.

An enhanced AccessNI check had not been undertaken in respect of one file reviewed. Mr McGale explained that he had visually observed the disclosure certificate, however, on further discussion it was identified that this was in respect of a basic disclosure check which had been obtained by the staff member. It was explained to Mr McGale that AccessNI checks must be at enhanced level, including the disbarred list and that checks are not portable. The enhanced AccessNI check was received after the commencement of employment in respect of the second file reviewed. A requirement was made that:

- an enhanced AccessNI check should be obtained in respect of the identified staff member
- enhanced AccessNI checks must be undertaken and received prior to the commencement of employment in respect of any new staff recruited, including self-employed staff.

A record was retained in respect of the enhanced AccessNI check received, which included the date the check was applied for, the date it was received and the unique identifier number and the original certificate was destroyed in keeping with good practice. Mr McGale was advised that the outcome of the assessment of the enhanced AccessNI check should also be recorded. Mr McGale readily agreed to implement this.

A staff register was developed during the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. Mr McGale is aware that this is a live document which should be kept updated.

Mr McGale confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of documentation demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection it was identified that further development is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed, the practice's recruitment and selection procedures need further development to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with staff confirmed that they have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that further development is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Recruitment and selection procedures should be further developed to demonstrate good practice in line with legislative requirements.

As discussed, an enhanced AccessNI check had not been undertaken in respect of one staff member and the check in respect of the second staff member was not received until after the commencement of employment. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr McGale.

Discussion with Mr McGale and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr McGale and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were generally found to be compassionate.

Areas for Improvement

An enhanced AccessNI check should be obtained in respect of the identified staff member and enhanced AccessNI checks must be undertaken and received prior to the commencement of employment in respect of any new staff recruited, including self-employed staff.

Proof of identity, written references and a criminal conviction declaration should be obtained and retained in the personnel files of all new staff employed including self-employed staff.

Number of Requirements:	1	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Nigel McGale, registered person, an associate dentist, two trainee dental nurses and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

The following comments were provided in questionnaires submitted:

- “Nigel is always on hand to approach with any queries or problems I may have regarding work.”
- “I have currently been part of this practice for (timescale) and I’m very happy and made to feel welcome. Nigel and Seaneen are very helpful and approachable if I have any concerns or questions to ask.”

5.5.2 Complaints

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

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient consultation

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

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

A patient spoke with the inspector during the inspection and praised the standard of care in the practice. The patient has attended the practice for years and commented “I am very happy here.”

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Nigel McGale, 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

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

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 19 (2)
Schedule 2

Stated: First time

To be Completed by:
20 February 2016

The registered person must ensure that:

- an enhanced AccessNI check is obtained in respect of the identified staff member
- enhanced AccessNI checks are undertaken and received prior to the commencement of employment in respect of any new staff recruited, including self-employed staff.

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

Application being processed.

Recommendations

Recommendation 1

Ref: Standard 11.1
Stated: First time

To be Completed by:
20 January 2016

The following information should be obtained and retained in personnel files of all new staff employed including self-employed staff.

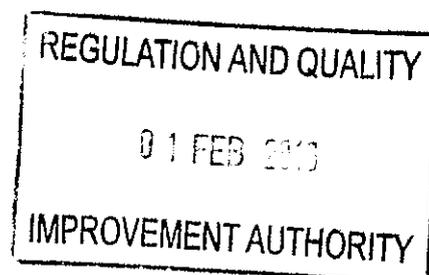
- positive proof of identity, including a recent photograph
- two written references, one of which should be from the current/most recent employer
- criminal conviction declaration.

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

Personnel + Recruitment Policies have been updated.

Registered Manager Completing QIP	<i>[Signature]</i>	Date Completed	29/01/16
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	29/01/16
RQIA Inspector Assessing Response		Date Approved	

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





RQIA Inspector Assessing Response	Emily Campbell	Date Approved	2.2.16
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