

Announced Care Inspection Report 19 January 2017



E. McCann Dental Practice

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

Address: 84 - 88 Lower Scotch Street, Dungannon, BT70 1BJ

Tel no: 028 8772 3742

Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of E McCann Dental Practice took place on 19 January 2017 from 09:55 to 12:30.

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 Mrs Paula McCann, 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 requirement has been made to ensure that AccessNI enhanced disclosure checks are undertaken and received prior to new staff commencing employment and a recommendation has been made in regards to the format of buccal Midazolam retained.

Is care effective?

Observations made, review of documentation and discussion with Mrs McCann 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 Mrs McCann 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 provider's understanding of their role and responsibility in accordance with legislation. A requirement has been made that an individual is nominated to visit the practice and prepare a report on the conduct of the practice.

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	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Paula McCann, 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 09 December 2015.

2.0 Service details

Registered organisation/registered person: Mr Eamonn McCann	Registered manager: Mr Eamonn McCann
Person in charge of the practice at the time of inspection: Mrs Paula McCann, nominated by Mr McCann to facilitate the inspection	Date manager registered: 08 July 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

Mr McCann is on a leave of absence from the practice for an undefined period of time. Mr McCann had notified RQIA of this. More information in this regard can be found in section 4.6 of this report.

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 Mrs Paula McCann, an associate dentist, a receptionist and a dental nurse. 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 09 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 09 December 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (6) Stated: First time	The registered person must ensure the following issues in relation emergency medicines and equipment are addressed: <ul style="list-style-type: none"> • dispersible Aspirin 300mg tablets should be provided in a form that enables the expiry date to be checked • a robust procedure must be established to check the expiry dates of emergency medicines and equipment. The check must include the include the date and the signature of the person completing the check 	Met
	Action taken as confirmed during the inspection: Review of emergency medicines evidenced that all medicines as recommended by the British National Formulary (BNF) including Aspirin 300mg tablets were available in the practice. A robust procedure has been established to check the expiry dates of medicines and equipment.	

	An issue was identified in regards to the format of buccal Midazolam available in the practice. Additional information in this regard can be found in section 4.3 of this report.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	<p>Floors in the dental surgeries should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry.</p> <p>Action taken as confirmed during the inspection: It was observed that the floors in surgeries one and two have been sealed at the edges where they meet the skirting boards.</p>	Met
Recommendation 2 Ref: Standard 12.4 Stated: First time	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p>Action taken as confirmed during the inspection: Review of emergency medicines identified that Glucagon is stored at room temperature. The manufacturer's expiry date had been revised to reflect that the cold chain had been broken.</p>	Met
Recommendation 3 Ref: Standard 12.4 Stated: First time	<p>It is recommended that Mr McCann consult with his medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.</p> <p>Action taken as confirmed during the inspection: Following the previous inspection the practice purchased an automated external defibrillator (AED) and it was confirmed that staff have been trained in its use. Pads suitable for use with adults and children are available.</p>	Met

Recommendation 4 Ref: Standard 11.1 Stated: First time	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.	Met
	Action taken as confirmed during the inspection: Mrs McCann confirmed that all staff employed by the practice have a contract of employment and that all self-employed staff have an agreement with the practice in place.	

4.3 Is care safe?

Staffing

Two 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

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. 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 Mrs McCann confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for the identified staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. It was observed that the AccessNI enhanced disclosure checks in respect of two of the three most recently recruited staff members had been received prior to them commencing employment. However in respect of the third staff member the AccessNI enhanced disclosure check was received approximately 11 days after they commenced employment. A requirement has been made to address this. Advice and guidance was also given in regards to criminal conviction declarations.

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.

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 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 copies of the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the new regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference. Following the inspection the 'Adult Safeguarding Operating Procedures' issued during September 2016 were forwarded to the practice.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. A recommendation has been made that the current format of buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance.

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.

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. It was observed that the ceiling in surgery one is wallpapered. Mrs McCann was

advised that the use of wallpaper in clinical areas should be avoided and that this should be taken into consideration on the next refurbishment of the surgery. 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 steriliser 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 September 2016.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each 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 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 to include annual servicing of the firefighting equipment and oil fired central heating burner. Portable appliance testing (PAT) of electrical equipment and an inspection of the fixed electrical wiring installations are undertaken every three years.

It was confirmed that the fire risk assessment was completed in house and arrangements are in place to review the risk assessment annually. Staff demonstrated that they were aware of the action to take in the event of a fire.

A legionella risk assessment has been undertaken by an external organisation and water temperatures are monitored and recorded as recommended.

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

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included in a questionnaire response:

- “Yes I have always felt safe and secure in this practice”

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. No comments were included in submitted questionnaire responses.

Areas for improvement

AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the practice.

The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance.

Number of requirements	1	Number of recommendations	1
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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. An associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations. A dental nurse in the practice is a qualified oral health educator. A range of information leaflets are available and it was confirmed that models and an electronic educational programme are used during discussions about oral health and treatment. Samples of toothpaste are freely distributed to patients.

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

An 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 routinely 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 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was included in a submitted questionnaire response:

- “Yes they have always fitted me in when I have a problem”

All five 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. 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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4.5 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 twice a year. 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 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

Eighteen of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. One patient did not provide a response to this question. 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

As discussed Mr McCann is on a leave of absence from the practice for an undefined period of time. Mr McCann has confirmed to RQIA that he has nominated Mrs Katarzyna Mikusz-Krawczyk an associate dentist in the practice to oversee the day to day management of the practice. Mrs McCann also routinely visits the practice to monitor the quality of services provided. A report detailing the findings of these visits has not been generated. A requirement has been made to address this.

During the inspection Ms Mikusz-Krawczyk confirmed that if required Mr McCann is available for advice, guidance and support.

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.

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.

Mrs McCann 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.

Ms Mikusz-Krawczyk demonstrated a clear understanding of her 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

Eighteen of the patients who submitted questionnaire responses indicated that they felt that the service is well managed. One patient did not provide a response to this question. 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. No comments were included in submitted questionnaire responses.

Areas for improvement

Mr McCann must nominate an individual to visit the practice and prepare a report on the conduct of the practice in keeping with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of requirements	1	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 Mrs McCann, 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 19 (2) (d) Schedule 2 as amended Stated: First time To be completed by: 19 January 2017	<p>AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p>Response by registered provider detailing the actions taken:</p> <p>All new staff will have their AccessNI enhanced disclosure checks fully completed prior to commencing work at the practice</p>
Requirement 2 Ref: Regulation 26 (4) Stated: First time To be completed by: 19 February 2017	<p>Mr McCann must nominate an individual to visit practice at least on a six monthly basis and generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with Mr McCann and be available for inspection.</p> <p>Response by registered provider detailing the actions taken:</p> <p>Mr Mc Cann nominates Paula Mc Cann to visit the Practice at least on a six monthly basis and generate a report detailing the findings of the Quality Monitoring Visit . An action plan to address any issues identified will be generated , shared with Mc Mc Cann and available for inspection</p>
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be completed by: 10 February 2017	<p>The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance issued to all dental practices during May 2013 and November 2016.</p> <p>Response by registered provider detailing the actions taken:</p> <p>In keeping with HSCB Guidance the practice will replace the Buccal Midazolam with Buccolam pre filled syringes.</p>



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