

The Regulation and  
Quality Improvement  
Authority

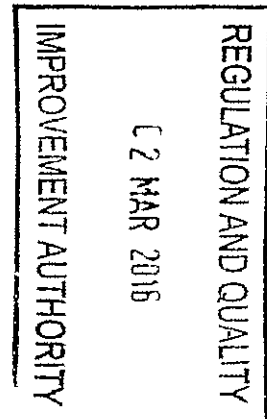
P D McGuigan Dental Surgery  
RQIA ID:11658  
Unit 5 Legahory Centre  
Brownlow  
Craigavon  
BT65 5BE

Inspector: Lynn Long  
Inspection ID: IN023591

Tel: 028 3832 2080

**Announced Care Inspection  
of  
P D McGuigan Dental Surgery**

**10 November 2015**



The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced care inspection took place on 10 November 2015 from 10.25 to 12.25. On the day of the inspection a review of the arrangements in place for the management of a medical emergency were generally found to be safe and effective. However, it was identified that some improvements were needed.

On the day of the inspection Mr McGuigan confirmed that recruitment and selection of staff, in relation to the Craigavon practice, is undertaken at his Belfast practice. Records in relation to staff recruitment and selection, including contracts of employment and induction records are also retained in the Belfast practice. An announced inspection to Mr McGuigan's Belfast practice was undertaken in October 2015. There were no areas of concern identified in relation to recruitment and selection of staff. The importance of records in relation to recruitment and selection of staff being made available for inspection was discussed with Mr McGuigan and staff.

One of the recommendations made during the previous inspection in relation to retaining records to confirm the Hepatitis B status of staff had not been met and has been stated for the second time.

These issues were discussed with Mr McGuigan and staff and the areas for improvement 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 11 March 2015.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	6

The details of the QIP within this report were discussed with Mr McGuigan and Ms McConville as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Peter McGuigan	<b>Registered Manager:</b> Dierdra Ann McConville
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter McGuigan	<b>Date Manager Registered:</b> 25 July 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 1

## 3. Inspection Focus

The inspection sought to assess progress with the issues 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.

The following staff were spoken with during the inspection: Mr McGuigan, Ms McConville and the receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, and the system in place to record 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 11 March 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 11 March 2015

Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 13 Stated: First time</p>	<p>Practice standard work policies/procedures should be developed in relation to;</p> <ul style="list-style-type: none"> <li>• prevention and management of blood borne virus exposure, including the management of spillages, sharps and inoculation injuries;</li> <li>• cleaning and maintaining the environment;</li> <li>• hand hygiene;</li> <li>• the management of the DUWLs;</li> <li>• the use maintenance, service and repair of all medical devices;</li> <li>• the use of personal protective equipment;</li> <li>• a practice uniform policy;</li> <li>• the management and disposal of waste and;</li> <li>• the arrangements for the decontamination and storage of reusable dental instruments in P D McGuigan Dental Surgery.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the policies and procedures confirmed that these policies and procedures had been developed.</p> <p>A significant amount of information is retained in relation to infection prevention and control procedures. It was suggested that the information is reviewed and streamlined to reduce the volume of information and also reduce the risk of duplication or contradiction of procedures.</p> <p>This recommendation has been met.</p>	

<p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff confirmed during discussion that records in relation to the Hepatitis B status of clinical staff are not retained.</p> <p>This recommendation has not been met and has been stated for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The legionella risk assessment should be completed to evidence that the recommendations contained therein have been addressed.</p> <p>Monitoring control measuring records should state the specific date temperatures were recorded and the actual water temperatures measured.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The records reviewed demonstrated that the recommendations contained in the legionella risk assessment had been addressed. A review of the control measures records also confirmed that they contained all the relevant information.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>The summary report of the patient consultation process should be dated to show when the consultation process occurred.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A summary report of the most recent patient consultation was submitted to RQIA prior to the inspection.</p> <p>The front cover of the report recorded that the survey had been undertaken in 2015. However, the footer recorded that it had been undertaken in 2014 as part of a clinical audit. The responses in the 2015 survey mirrored the responses outlined in the</p>	<p><b>Not Met</b></p>

	<p>2014 clinical audit, reviewed during the inspection. It was not clear when this consultation process had been undertaken.</p> <p>This recommendation has not been met and a requirement has now been made.</p>	
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### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and that training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements. Confirmation of Mr McGuigan's most recent training in the management of a medical emergency was not retained at this practice. Mr McGuigan confirmed that it is retained in his dental practice in Belfast. A recommendation to submit the relevant information to RQIA when returning the QIP has been made.

Discussion with 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). A system is in place to ensure that emergency medicines do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines. Some items of emergency equipment as recommended by the Resuscitation Council (UK) guidelines are not retained in the practice. This included portable suction, clear face masks and airways of various sizes. A requirement has been made.

Discussion with staff confirmed that an automated external defibrillator (AED) was not available in the practice, and stated that an AED was available in a GP practice located within close proximity. Practice emergency procedures had not been developed to reflect the location and arrangements for access to an AED. A recommendation has been made.

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

On the day of the inspection it was identified that improvement is needed to ensure the arrangements for managing a medical emergency are effective.

#### Is Care Effective?

A policy for the management of medical emergencies reflective of best practice guidance was not in place. Protocols for staff reference outlining the local procedure for dealing with the various medical emergencies were not available. A recommendation has been made.

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 practice policies and procedures.

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

On the day of the inspection it was identified that improvement is needed to ensure the arrangements for managing a medical emergency are 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 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**

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines must be retained. This includes portable suction, airways of various sizes and clear faces masks for adults and children.

Confirmation of Mr McGuigan's most recent training in the management of medical emergencies should be submitted to RQIA when returning the QIP.

Practice emergency procedures should be developed to reflect the location of the AED and the arrangements which have been made to access the AED.

Policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance. The procedures should outline the arrangements in the practice.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## **5.4 Recruitment and selection**

Mr McGuigan has not recruited any new staff for this practice since registration with RQIA. Mr McGuigan confirmed during discussion that all recruitment and selection of staff in relation to both of his dental practices is undertaken at his Belfast practice. As a result of this system there are no records or policies or procedures in relation to recruitment and selection of staff retained at this practice. An announced inspection to Mr McGuigan's Belfast practice was undertaken in October 2015. There were no areas of concern identified in relation to recruitment and selection practices.

Mr McGuigan confirmed that he had current professional indemnity cover which included cover for the registered manager/dental nurse. However, the records of this were retained in the Belfast practice. A recommendation was made to forward a copy of the professional indemnity insurance to RQIA when returning the QIP.

Staff confirmed during discussion 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. These records are retained in the Belfast practice. A recommendation was made that in future information in relation to recruitment and selection of staff and professional indemnity is made available at this practice for inspection.

### Areas for Improvement

A copy of Mr McGuigan's current professional indemnity insurance should be forwarded to RQIA when returning the QIP.

Information in relation to recruitment and selection of staff and professional indemnity should be made available at this practice for inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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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 McGuigan, the registered manager/dental nurse and the receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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 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.

### 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 in advance of the inspection. The evidence provided in the returned questionnaire indicated that the practice has a procedure in place for the management of patient complaints in line with best practice.

### 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.



During the inspection on 11 March 2015 a recommendation was made to date the summary report of the patient consultation process to show when the consultation process occurred. A summary report of the most recent patient consultation was submitted to RQIA prior to the inspection.

The front cover of the report recorded that the survey had been undertaken in 2015. However, the footer recorded that it had been undertaken in 2014 as part of a clinical audit. The responses in the 2015 audit mirrored the responses outlined in the 2014 clinical audit reviewed during the inspection. It was not clear when this consultation process had been undertaken. This was discussed with Mr McGuigan and a requirement has been made.

### Areas for Improvement

The practice must pro-actively seek the views of patients about the quality of treatment and other services provided on an annual basis. A report of the consultation should be prepared and made available to patients.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.6 Statutory Requirements

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

### 5.7 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.



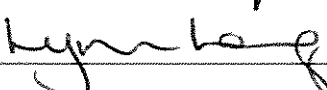
### 5.8 Actions Taken by the Registered Manager/Registered Person

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](mailto: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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 17 <b>Stated:</b> First time <b>To be Completed by:</b> 10 February 2016	The registered person must pro-actively seek the views of patients about the quality of treatment and other services provided on an annual basis. A report of the consultation should be prepared and made available to patients. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>In progress</i>
<b>Requirement 2</b> <b>Ref:</b> Regulation 15 (1) (c) <b>Stated:</b> First time <b>To be Completed by:</b> 10 January 2016	The registered person must ensure that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained. This includes portable suction, airways of various sizes and clear faces masks for adults and children. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>Done</i>
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time <b>To be Completed by:</b> 10 January 2016	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>Records all received</i>
<b>Recommendation 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be Completed by:</b> 10 February 2016	It is recommended that practice emergency procedures should be developed to reflect the location of the AED and the arrangements which have been made to access the AED. <b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>Done.</i>

<b>Recommendation 3</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time <b>To be Completed by:</b> 10 February 2016	It is recommended that policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> 
<b>Recommendation 4</b> <b>Ref:</b> Standard 12.2 <b>Stated:</b> First time <b>To be Completed by:</b> 10 February 2016	It is recommended that confirmation of Mr McGuigan's most recent training in the management of medical emergencies should be submitted to RQIA when returning the QIP.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> 
<b>Recommendation 5</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time <b>To be Completed by:</b> 10 January 2016	It is recommended that a copy of Mr McGuigan's current professional indemnity insurance should be forwarded to RQIA when returning the QIP.  The submitted information should confirm that the indemnity insurance provides indemnity cover for the registered dental nurse.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> 
<b>Recommendation 6</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be Completed by:</b> 10 February 2016	It is recommended that information in relation to recruitment and selection of staff and professional indemnity insurance should be made available at this practice for inspection.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> 

Registered Manager Completing QIP		Date Completed	29-2-16
Registered Person Approving QIP		Date Approved	29/2/16
RQIA Inspector Assessing Response		Date Approved	4/3/16

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

