

# Announced Care Inspection Report 13 March 2019



## D H Millar Dental Surgery

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

**Address: 20 Church Place, Lurgan, BT66 6EY**

**Tel No: 028 3832 3113**

**Inspector: Bridget Dougan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with one registered place.

## 3.0 Service details

<b>Organisation/Registered Person:</b> Mr Damian Millar	<b>Registered Manager:</b> Mr Damian Millar
<b>Person in charge at the time of inspection:</b> Mr Damian Millar	<b>Date manager registered:</b> 30 May 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 4.0 Action/enforcement taken following the most recent inspection dated 6 February 2018

The most recent inspection of D H Millar Dental Surgery was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 6 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time	The registered person shall ensure that adult safeguarding is included as part of the induction programme.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Millar confirmed that no new staff had been recruited since the previous inspection. Mr Millar confirmed that adult safeguarding is included as part of the induction programme and is completed via an online training package.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the adult safeguarding policy is amended to be in line with regional guidance; and all staff, including the safeguarding lead undertakes training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that the adult safeguarding policy had been amended and was in line with regional guidance. Mr Millar confirmed that additional online training in adult safeguarding had been undertaken by all staff; however the records of this training were unavailable on the day of the inspection. It was agreed that evidence of this training would be submitted to RQIA upon return of the Quality Improvement Plan.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that sharps boxes are dated on opening.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made during the inspection confirmed that sharps boxes had been dated on opening.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that wall mounted soap dispensers and wall mounted disposable paper towel dispensers are re-installed in the decontamination room.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made during the inspection evidenced that wall mounted soap dispensers and wall mounted disposable paper towel dispensers had been re-installed in the decontamination room.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13.4</p>	<p>The registered person shall ensure that a record of the periodic testing for the DAC Universal is completed and retained for inspection.</p>	<p><b>Met</b></p>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> In addition to an electronic data log, a manual log is maintained of the periodic testing for the DAC Universal.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time	The registered person shall ensure that he arranges to undertake training on the use of rectangular collimation. <b>Action taken as confirmed during the inspection:</b> Mr Millar advised that due to scheduling difficulties, a suitable course has not yet been arranged.	<b>Not met</b>
<b>Area for improvement 7</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	The registered person shall ensure that the use of CCTV in the practice is in accordance with the RQIA Guidance on the Use of Overt Closed Circuit Television (CCTV) for the Purposes of Surveillance in Regulated Establishments and Agencies <b>Action taken as confirmed during the inspection:</b> The use of CCTV is now in accordance with RQIA guidance.	<b>Met</b>

## 5.0 Inspection findings

An announced inspection took place on 13 March 2019 from 10.30 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

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

During the inspection the inspector met with two dental nurses/receptionists. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Millar at the conclusion of the inspection.

## 5.1 Management of medical emergencies

### Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that in the main emergency medicines, in keeping with the British National Formulary (BNF), were retained. It was observed that Adrenaline was retained in auto-injectors. Two doses of Adrenaline were provided in 500 micrograms and one dose in 150 micrograms. Sufficient stock of Adrenaline should be available in order to be able to administer a second dose to the same patient if required, in keeping with the Health and Social Care Board (HSCB) and BNF. This was discussed with Mr Millar who advised that it had been identified that Adrenaline medication was out of date and a new supply was ordered from the pharmacy prior to the inspection. Two doses of 300 micrograms and one dose of 150 micrograms were obtained from the local pharmacy during the inspection. Emergency equipment as recommended by the Resuscitation Council (UK) was retained.

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. Mr Millar confirmed that medical emergency refresher training had been arranged for 26 March 2019. Training records were unavailable on the day of the inspection.

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.2 Infection prevention and control

### Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas was clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during July 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good

practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that learning from audits is shared with staff at the time and discussed during staff meetings.

The audit is carried out by an identified dental nurse on an annual basis. It was agreed that the frequency of the audit should be increased to six monthly in accordance with best practice. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

**Areas of good practice**

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.3 Decontamination of reusable dental instruments**

**Decontamination of reusable dental instruments**

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, a steam steriliser and a DAC Universal steriliser, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and

inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

**Areas of good practice**

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has one surgery which has an intra-oral x-ray machine.

Mr Millar is the radiation protection supervisor (RPS) and confirmed that he was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Millar regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that all but one of the recommendations made have been addressed. It was not evident that rectangular collimation was in use in the practice. Mr Millar confirmed he did not use it at present as he was planning to undertake training on the use of rectangular collimation. The matter had been raised in the last RPA report and an area of improvement against the standards has now been stated for a second time in this regard. An area of improvement has also been made that Mr Millar provides RQIA with the arranged date on which he will complete training in the use of rectangular collimation upon return of the QIP

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.



The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

### Areas for improvement

Mr Millar should arrange to undertake training on the use of rectangular collimation.

Mr Millar must inform RQIA of the planned date of this training upon return of the QIP.

	Regulations	Standards
Areas for improvement	0	2

### 5.5 Equality data

#### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Millar.

Discussion with Mr Millar and review of information evidenced that the equality data collected was managed in line with best practice.

### 5.6 Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. All 13 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care.

No staff submitted questionnaire responses to RQIA. We spoke with two members of staff during the inspection. All staff spoke about the practice in positive terms and no staff expressed any concerns.

Comments included in in submitted questionnaire responses are as follows:

- “My dentist puts me at ease, something I thought wouldn’t happen”.
- “Very friendly, professional treatment”.

### 5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3



## 6.0 Quality improvement plan

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

The registered person should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered person should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 May 2019</p>	<p>The registered person shall ensure that all staff, including the safeguarding lead completes training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Evidence that this training has been completed should be submitted to RQIA upon return of the Quality Improvement Plan.</p> <p>Ref: 4.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>As per phone call to senior inspector Jo Brown, staff training level 2 (Isopharm) was carried out on wednesday 2nd of May 2019 at our staff meeting (with all staff) under the supervision of our HR consultant Mr Ronnie Hillen.</p> <p>Further to this a one to one training session had been arranged in collaboration with Magee dental surgery for October 15th 2019 with Volunteer Now which unfortunately had to be cancelled due to family issues. Mrs Jayne Magee (practice manager at Magee Dental) is arranging a new training session in February 2020 (date to be confirmed).</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 October 2019</p>	<p>The registered person shall ensure that he arranges to undertake training on the use of rectangular collimation.</p> <p>Ref: 4.1 and 5.4</p> <p><b>Response by registered person detailing the actions taken:</b> Met</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 May 2019</p>	<p>The registered person shall provide RQIA with the arranged date on which he will complete training in the use of rectangular collimation upon return of the QIP</p> <p>Ref 5.4</p> <p><b>Response by registered person detailing the actions taken:</b> Training completed on 11/7/2019 (2 hours) under the supervision of Dr Nigel Magee at his practice in North Street, Lurgan. This consisted of setting up the rectangular collimator followed by supervised training (on three patients) in the taking of radiographs.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care