

Announced Care and Variation to Registration Inspection Report 6 September 2018



D J Maguire & Associates Ltd

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 83a Bridge Street, Portadown, BT63 5AA
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Inspector: Gerry Colgan

www.rgia.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 ten registered places.

3.0 Service details

Organisation/Registered Provider: D J Maguire & Associates Ltd Responsible Individuals: D J Maguire Deborah Irwin	Registered Manager: Ms Deborah Irwin
Person in charge at the time of inspection: D J Maguire	Date manager registered: 21 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Ten

4.0 Action/enforcement taken following the most recent inspection dated 16 August 2017

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 16 August 2017

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

A combined announced and variation to registration inspection took place on 6 September 2018 from 09.45 to 12.15.

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).

An application of variation to the registration of the practice was submitted to RQIA by D J Maguire & Associates Ltd, Portadown. The application was to increase the number of registered dental chairs from 10 to 11.

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

During the inspection the inspector met with Mr Maguire, registered person, a personnel manager, a business manager and three dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Maguire 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 emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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. The most recent occasion staff completed medical emergency refresher training was during May 2018.

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 of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

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)

The arrangements in relation to the newly established dental surgery were reviewed. The flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in the new surgery. A laminated/wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bin in the surgery was in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, were 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 April 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audits are carried out by the area manager. Discussion with Mr Maguire confirmed that any learning identified as a result of these audits is shared immediately with staff and discussed at the staff meetings.

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
Areas for improvement	0	0

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.

A review of the most recent IPS audit, completed during April 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 two washer disinfectors four steam sterilisers and two DAC Universals, 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.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgery.

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.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has ten surgeries equipped with an intra-oral x-ray machine. An intra-oral x-ray machine has been installed in the new surgery. It was confirmed that, as this machine is new, it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

Mr Maguire 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. The radiation protection supervisor (RPS) 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 any recommendations made have been addressed.

A critical examination and acceptance test of the new intra-oral x-ray machine had been undertaken by the RPA in September 2018. No recommendations had been made.

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 of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Application of variation

An application of variation to the registration of the practice was submitted to RQIA by D J Maguire & Associates Ltd, Portadown.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report

In addition to the arrangements reviewed, as previously discussed, regarding infection prevention and control and decontamination and radiology, the following records were examined during the inspection:

- statement of purpose
- patient guide
- recruitment and selection

The application of variation to the registration of the practice is approved from a care perspective.

5.6 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 Maguire who confirmed that the equality data collected was managed in line with best practice.

5.7 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All nineteen 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 indicated that they were very satisfied with each of these areas of their care. No comments were included in in submitted questionnaire responses.

Staff were invited to complete on on-line questionnaire. No staff submitted questionnaire responses to RQIA.

5.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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