Announced Care Inspection Report
3 July 2018

David McCaughey Dental Practice Ltd

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 39 Malone Road, Belfast BT9 6RX
Tel No: 028 9066 4426
Inspector: Norma Munn

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

Organisation/Registered Provider: David McCaughey Dental Practice Limited **Responsible Individual:** Mr David McCaughey	**Registered Manager:** Mr David McCaughey
Person in charge at the time of inspection: Mr David McCaughey	**Date manager registered:** 28 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 1

4.0 Action/enforcement taken following the most recent inspection dated 27 September 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 27 September 2017

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

5.0 Inspection findings

An announced inspection took place on 3 July 2018 from 10.40 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 Mr David McCaughey, registered person; the practice manager; a dental nurse; and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr McCaughey 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 were provided in keeping with the British National Formulary (BNF). However it was identified that Glucagon medication had been stored in the fridge and fridge temperatures had not been recorded. Mr McCaughey was advised that if Glucagon is stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. On the day of the inspection Mr McCaughey confirmed that the Glucagon would be stored out of the fridge at room temperature. Mr McCaughey was advised to ensure that a revised expiry date is recorded on the Glucagon packaging in accordance with the manufacturer's instructions. Following the inspection RQIA received confirmation by email that this had been actioned.

A supply of Buccolam pre-filled syringes was observed. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities as recommended by the HSCB and the BNF. Mr McCaughey gave assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child. Following the inspection RQIA received confirmation by email that this item had been ordered.

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 October 2017.

Relative analgesia (RA) is offered in this practice as a form of sedation. Mr McCaughey confirmed that the RA machine had been last serviced during December 2016. A review of the servicing certificate recommended that the next service was due during December 2017. The importance of ensuring that the RA equipment is serviced and maintained was discussed and Mr McCaughey was advised not to use the RA machine until such times as it has been serviced and maintained in keeping with manufacturer's instructions. Following the inspection RQIA received confirmation by email that the RA machine had been disconnected and sent for servicing, and a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with the recent DOH guidance issued on 6 September 2017.

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

Areas for improvement were identified that have been addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

No additional 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 reception area and the surgery were clean, tidy and uncluttered. Several issues in relation to infection prevention and control were identified that were not in keeping with best practice guidance as follows:

- The decontamination room was cluttered with various items and the shelving was dusty.
- Disposable hand towels were stored on the worktop in the decontamination room.
- Some posters had not been laminated for easy clean.
- Sharps boxes in use had not been signed or dated.
- The dedicated hand wash basin in the surgery had a plug in situ.

The issues were discussed with Mr McCaughey and an area for improvement against the standards has been made in this regard.

It was identified that conventional needles and syringes had been used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as reasonably practicable'. Mr McCaughey confirmed that there are other dentists using the practice and it is the responsibility of the user of sharps to safely dispose of them. However, sharps risk assessments were not in place for the dentists who do not use safer sharps. Mr McCaughey was advised that safer sharps should be used so far as is reasonably practicable, in keeping with legislation, and where this is not practicable a risk assessment should be completed in respect of each dentist. An area for improvement against the standards has been made in this regard.

Mr McCaughey discussed how the practice audits 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.

The most recent fully completed IPS audit was dated 2013. Mr McCaughey confirmed that he had reviewed the audit on a regular basis but not fully completed the audit documentation. The

most recent review undertaken was dated March 2018. It was identified that the audit had not been completed in a meaningful manner. Given the issues identified during this inspection it was advised that the IPS audit should be revisited to ensure it is fully completed and meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Any learning identified as a result of the audits should be shared with staff. An area for improvement against the standards has been made in this regard.

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 for improvement

Address the issues as identified above in relation to infection prevention and control.

Review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

The IPS audit tool should be revisited to ensure that it is fully completed and meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

	Regulations	Standards
Areas for improvement	0	3

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.

As discussed the most recent IPS audit review was dated March 2018 and had not been completed in a meaningful manner. An area for improvement against the standards has been made as discussed in section 5.2.

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 and a steam 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. A second steriliser was observed in a store room, on enquiry Mr McCaughey confirmed that this steriliser will only be used in the event of the main steriliser breaking down. Mr McCaughey was advised that this steriliser should also be appropriately validated and inspected in keeping with the written scheme of examination. Following the inspection RQIA received confirmation by email that this was being actioned.

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.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.4 Radiology and radiation safety

Radiology and radiation safety

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

Mr McCaughey is the radiation protection supervisor (RPS). Discussion with Mr McCaughey confirmed that he was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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 McCaughey confirmed that he 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 did not evidence that the recommendations made had

been addressed. This was discussed with Mr McCaughey and an area for improvement against the standards has been made in this regard.

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, in general, the RPS for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

All recommendations outlined in the most recent RPA report should be addressed and evidence recorded in the radiation protection file.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 McCaughey.

Mr McCaughey confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All 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 indicated that they were either satisfied or very satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses are as follows:

- “All aspects of care given during my treatment were excellent!”
- “It has always been done in a very professional manner and all staff are very friendly and helpful.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Two staff submitted questionnaire responses to RQIA. Both indicated that they felt patient care was safe and effective, that patients were treated with compassion, and that the service was well

led. Both staff indicated that they were very satisfied with each of these areas of patient care.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**4**

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 McCaughey, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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 provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 3 August 2018	The registered person shall ensure that the following issues in relation to infection prevention and control are addressed in keeping with best practice as follows: • The decontamination room should be decluttered, cleaned and kept clean at all times. • Disposable hand towels should be wall mounted. • Posters in clinical areas should either be removed or laminated for easy cleaning. • Sharps boxes in use should be signed and dated on assembly. • All plugs should be removed from dedicated hand wash basins. Ref: 5.2
	Response by registered person detailing the actions taken: Decontamination room - decluttered, cleaned and kept clean Disposable Hand towel holder wall mounted, posters laminated; sharps box - is now being signed on assembly and when closed. plugs from hand washing sinks removed
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 3 August 2018	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2
	Response by registered person detailing the actions taken: A Risk Assessment on safer sharps use in the practice done for all dentists and areas for improvements noted. This is now included in the Practice Manual.

Area for improvement 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 3 August 2018	The registered person shall ensure that the IPS audit tool is revisited to ensure that it is fully completed and meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Ref: 5.2
	Response by registered person detailing the actions taken: IPS Audit tool has been revisited and now has been fully completed. IPS Audit every six months as practice policy. An Action plan has been put in place and embedded for DSAs to do the IPS Audit as part of CPD.
Area for improvement 4 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 3 August 2018	The registered person shall ensure that all recommendations outlined in the most recent radiation protection advisor (RPA) report are addressed and evidence recorded in the radiation protection file. Ref: 5.4
	Response by registered person detailing the actions taken: New copy of RPA appointment signed and inserted into Radiation Protection file. A copy of New recommended exposure settings next to x-ray unit. Reduced exposure settings used on x-ray unit Justification and evaluation of x-rays audited annually A copy of New Local Rules has been placed in surgery Section 4 updated with names of staff entitled to act as operators. A copy of the new recommended exposure settings in section 5 placed on x-ray unit. Reviewed Revised Radiation Protection File.

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

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