Announced Care Inspection Report
5 June 2019

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: Steven Smith

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 2019/20 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
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- 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 3 July 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 3 July 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**
Area for improvement 1 **Ref**: Standard 13 **Stated:** First time	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.	**Met**

	• Sharps boxes in use should be signed and dated on assembly. • All plugs should be removed from dedicated hand wash basins.	
	Action taken as confirmed during the inspection: Inspection of the premises and discussion with Mr McCaughey confirmed that the previously identified issues in relation to infection prevention and control had been addressed in keeping with best practice as follows: • the decontamination room was decluttered, clean and Mr McCaughey confirmed that it was kept clean at all times • disposable hand towels were wall mounted • posters in clinical areas have been laminated for easy cleaning • sharps boxes in use are signed and dated on assembly • plugs have been removed from dedicated hand wash basins	
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr McCaughey and review of documents confirmed that a risk assessment had been undertaken for all dentists who do not use safer sharps.	
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr McCaughey and review of documents confirmed that the IPS audit tool had been revisited to ensure that it was fully completed and meaningful in identifying issues in relation to infection prevention and control. Mr McCaughey confirmed that an action plan would be developed and embedded into practice to address any shortfalls identified during the audit process.	
Area for improvement 4 **Ref**: Standard 8 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr McCaughey and review of documentation confirmed that all recommendations outlined in the most recent radiation protection advisor (RPA) report had been addressed with evidence recorded in the radiation protection file.	

5.0 Inspection findings

An announced inspection took place on 5 June 2019 from 10:00 to 12:30.

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 McCaughey, responsible individual, the practice manager and a dental nurse. A tour 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 emergency medicines, in general, were retained in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the HSCB. It was also identified that Buccolam 5mg had expired during May 2019. A discussion took place with regards to the procedure for the safe administration of Buccolam and Mr McCaughey willingly undertook to increase the supply of Buccolam accordingly. Following the inspection RQIA received evidence to confirm that the supply of Buccolam had been increased as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways in sizes 0 and 1. It was also identified that the adult pads for the automatic external defibrillator had expired and paediatric pads were not available. A discussion took place with regards to emergency equipment and Mr McCaughey willingly undertook to obtain these items. Following the inspection RQIA received evidence by email to confirm that these items had been obtained.

Mr McCaughey confirmed that emergency medicines and equipment are checked monthly. However a review of relevant documentation established that emergency medicines and equipment were not individually recorded on an identified checklist to ensure that they do not exceed their expiry date. An area for improvement against the regulations has been made to ensure that robust arrangements, including an individualised emergency medicines and equipment checklist, are developed and implemented to ensure that emergency medicines and equipment are retained within their expiry dates and replaced when due.

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 November 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 that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Robust arrangements, including an individualised emergency medicines and equipment checklist, must be developed and implemented to ensure that emergency medicines and equipment are retained within their expiry dates and replaced when due.

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

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr McCaughey confirmed that inhalation sedation, known as relative analgesia (RA) is offered in this practice as a form of sedation. At the time of the inspection the practice also offered intravenous (IV) sedation to patients. Mr McCaughey was advised that an additional follow-up inspection would be required in relation to the arrangements for IV sedation. After the inspection RQIA received written notification from Mr McCaughey to confirm that the practice would no longer be offering IV sedation. Mr McCaughey was advised to update the patient guide to reflect this change in treatment options.

It was identified that a policy and procedure in relation to the management of conscious sedation was not in place. The best practice guidance document pertaining to the provision of conscious sedation in Northern Ireland is entitled 'Conscious Sedation in The Provision of Dental Care (2003)'. This document was discussed with Mr McCaughey who readily agreed to review it and implement a conscious sedation policy and procedure.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of care records evidenced that the justification for using sedation and consent for treatment had been completed. Mr McCaughey was advised that the pre, peri and post clinical treatment observations should be recorded in the clinical record for each patient which should also include the names of all GDC registrants involved during the procedure. Information must also be available for patients in respect of the treatment provided and aftercare arrangements. Mr McCaughey readily agreed to this.

It was established that all members of the dental team providing treatment under conscious sedation had not received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. Mr McCaughey readily agreed to source appropriate training as the dentist administering conscious sedation, which would then be cascaded to the dental nursing staff providing this treatment.

A review of records and discussion with Mr McCaughey confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. It was identified that a nitrous oxide risk assessment had not been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. Mr McCaughey readily agreed to complete a nitrous oxide risk assessment.

An area for improvement against the regulations has been made with regard to the issues identified in relation to the provision of conscious sedation.

Areas of good practice

Review of the environment and equipment evidenced that, in this respect, conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Areas for improvement

The issues identified in relation to conscious sedation as outlined in the main body of the report should be addressed.

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

5.3 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 May 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out in rotation by all staff to encourage shared ownership of infection prevention and control. Mr McCaughey confirmed that any learning identified as a result of these audits is shared at 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**

5.4 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 and two steam sterilisers, 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.

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

5.5 Radiology and radiation safety

Radiology and radiation safety

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

Mr McCaughey, as radiation protection supervisor (RPS), 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 McCaughey 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, completed during April 2019, demonstrated that any recommendations made have been addressed.

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

Mr McCaughey 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**

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mr McCaughey confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Mr McCaughey confirmed that whilst the practice has not received a patient complaint since the previous care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr McCaughey is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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.

5.9 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All 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. Comments included in submitted questionnaire responses are as follows:

- "After using several other dentists I am very happy, satisfied and respective of the expert care and attention to detail of this practice."
- "Excellent care from beginning to end of treatment."
- "The whole team at David McCaughey Dental Practice Ltd are complete professionals providing the very best of care at all times and of the highest standard."
- "Very good patient care. Treatment well explained. XXXX is a great reception manager."

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. During the inspection Mr McCaughey indicated that staff had been unable to access the online questionnaire. Advice was given that the survey would remain open for staff to provide feedback post inspection. At the time of completing this report no completed staff questionnaires had been received by RQIA.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**2**	**0**

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, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The responsible individual/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 responsible individual 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (6) **Stated:** First time **To be completed by:** 31 July 2019	The responsible individual shall ensure that robust arrangements, including an individualised emergency medicines and equipment checklist, are developed and implemented to ensure that emergency medicines and equipment are retained within their expiry dates and replaced when due. A copy of the checklist should be supplied to RQIA. Ref: 5.1
	Response by registered person detailing the actions taken: This has been done
Area for improvement 2 **Ref:** Regulation 15 (1) (b) **Stated:** First time **To be completed by:** 31 July 2019	The responsible individual shall address the following matters with respect to conscious sedation: • a policy and procedure in relation to the management of conscious sedation must be implemented, a copy of which should be supplied to RQIA • the clinical record for each patient must include the names of all GDC registrants involved during the procedure • pre, peri and post clinical treatment observations must be recorded in the clinical record for each patient • written information must be available for patients in respect of the treatment provided and aftercare arrangements, a copy of which should be supplied to RQIA • all members of the dental team providing treatment under conscious sedation must receive appropriate supervised theoretical, practical and clinical training before undertaking independent practice. Records of training completed should be retained for inspection

	• a nitrous oxide risk assessment must be completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017, a copy of which should be supplied to RQIA Ref 5.2
	Response by registered person detailing the actions taken: NNPolicy & Procedure in relation to the management of conscious sedation has been implemented

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

The Regulation and Quality Improvement Authority

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