

Announced Care Inspection Report 10 December 2019



North Street Dental Care

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

Address: 42 North Street, Lurgan, Craigavon, BT67 9AH

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Inspector: Emily Campbell

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 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, if applicable
- 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, if applicable

2.0 Profile of service

This is a registered dental practice with six registered places. North Street Dental Care is one of 10 dental practices operated by D J Maguire and Associates Ltd.

3.0 Service details

Organisation/Registered Provider: DJ Maguire and Associates Ltd	Registered Manager: Ms Elizabeth Haughey
Responsible Individual: Mr Derek Maguire	
Person in charge at the time of inspection: Mr Derek Maguire	Date manager registered: 26 March 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

4.0 Action/enforcement taken following the most recent inspection dated 27 November 2018

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 November 2018

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 10 December 2019 from 10:30 to 13:05.

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 Derek Maguire, responsible individual, Ms Deborah Irwin, deputy managing director, Mr Leonard Maguire, operations director, Ms Martina McCabrey, practice manager, an associate dentist, a dental nurse and two receptionists. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr D Maguire, Ms Irwin, Mr L Maguire and Ms McCabrey 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 2019.

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 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 D Maguire confirmed that conscious sedation in the form of inhalation sedation, known as relative analgesia (RA), is provided.

A policy and procedure in relation to the management of conscious sedation is in place. 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, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

Mr D Maguire confirmed that all dentists in the practice are involved in providing RA sedation and may be assisted by any of the dental nurses. Management and staff confirmed that the dentists and dental nurses had received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. RA refresher training was provided to dentists on 28 November 2019 and to dental nurses on 7 December 2019.

A review of records and discussion with staff confirmed that the RA equipment has been serviced in keeping with manufacturer’s instructions. A nitrous oxide risk assessment had 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.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	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 October 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified and this would be shared with staff.

The most recent audit was carried out by the lead decontamination nurse and was contributed to by other clinical staff. This helps to empower staff and 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.

Safer sharps are available in the practice; however, these are not routinely used by all clinicians. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable; staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were in place for each dentist who do not use safer sharps.

It was confirmed that records pertaining to the Hepatitis B vaccination status of all staff are retained at the head office of D J Maguire and Associates Ltd. Evidence of this was subsequently emailed to RQIA on 19 December 2019. Review of the personnel record of one clinical staff member, recruited since the previous inspection, evidenced that records were retained of their Hepatitis B vaccinations. Mr D Maguire confirmed that all clinical staff members, new to dentistry, are referred to occupational health.

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, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. The DAC Universal and sterilisers had been appropriately validated. A new washer disinfector had been installed on the day prior to the inspection and it was confirmed that this would not be made operational until the machine had been validated. A copy of the washer disinfector validation certificate was emailed to RQIA on 19 December 2019. Pressure vessels had been inspected in keeping with the written scheme of examination. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the daily automatic control test (ACT) for the DAC Universal. Discussion with staff confirmed that the relevant components of the ACT are checked each morning and assurances were given that the recording template would be amended to facilitate entry of the details of the ACT.

Staffs 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 six surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr D 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.

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

All dentists take 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 were two complaints policies in place, one for NHS dental care and treatment and one for private dental care and treatment. A minor amendment was made to the policy for NHS care and treatment during the inspection. Patients and/or their representatives were made aware of how to make a complaint by way of the patient’s guide and 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.

There have been no complaints since the previous inspection; however, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was 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.

A corporate audit of complaints is undertaken to identify trends, drive quality improvement and to enhance service provision.

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, unannounced quality monitoring visits must be undertaken and documented every six months as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr D Maguire confirmed that unannounced quality monitoring visits are carried out at least on a six monthly basis by managers within the group. A report is produced and the findings made available for patients, their representatives, staff, RQIA and any other interested parties to read.

An action plan is developed to address any issues identified which include timescales and person responsible for completing the action. Mr D Maguire confirmed that he reviews the reports, as responsible individual for the practice.

The most recent report dated 22 June 2019, was available to review during the inspection.

Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 D Maguire and staff.

5.9 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All patients indicated that they were very satisfied that their care was safe and they were treated with compassion. Seventeen patients indicated they were very satisfied and one that they were satisfied that their care was effective and that the service was well led. Three comments were provided in submitted questionnaires regarding the explanation of treatments and a friendly caring team.

Staff were invited to submit questionnaire responses electronically. No questionnaire responses were submitted to RQIA.

5.10 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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



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