Announced Care Inspection Report
9 July 2018

Gary McCleary & Co Ltd Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 21 Church Place, Lurgan BT66 6EY
Tel No: 028 3832 5979
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 four registered places.

3.0 Service details

Organisation/Registered Provider: Gary McCleary & Co Ltd **Responsible Individual:** Mr Gary McCleary	**Registered Manager:** Ms Veronica McCann
Person in charge at the time of inspection: Mr Gary McCleary	**Date manager registered:** 6 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Four

4.0 Action/enforcement taken following the most recent inspection dated 10 January 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 10 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 19 Schedule (2) as amended **Stated:** First time	The registered person shall ensure that staff personnel files for newly recruited staff includes all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	**Met**

	Action taken as confirmed during the inspection: Discussion with Ms McCann confirmed that one member of staff had commenced employment since the previous inspection. A review of the personnel file for this staff member evidenced that all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been included with the exception of the employment history. Following the inspection evidence was provided to confirm that the employment history had been sought and retained on file. One of the references retained had not been signed or dated. This was discussed with Ms McCann and assurances were given that all references obtained in the future will be signed and dated by the referee.	
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:** Second time	The registered person shall ensure that six monthly audits to monitor compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool are undertaken.	**Met**
	Action taken as confirmed during the inspection: The most recent IPS audit had been completed on 30 January 2018. Ms McCann confirmed that the audit would be undertaken six monthly.	
Area for improvement 2 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure that, staff appraisals are undertaken on a yearly basis.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms McCann confirmed that appraisals had taken place during April 2018. A review of appraisals completed for six staff confirmed that staff appraisals have been carried out.	
Area for improvement 3 **Ref**: Standard 9 **Stated:** First time	The registered person shall ensure that a patient satisfaction survey is undertaken yearly and a summative report made available of all interested parties.	**Met**

	Action taken as confirmed during the inspection: A review of documentation and discussion with Ms McCann confirmed that a patient satisfaction survey had been undertaken during March 2018 and a summative report had been made available in the waiting area.	

5.0 Inspection findings

An announced inspection took place on 9 July 2018 from 14.00 to 16.20.

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 Gary McCleary, registered person, Ms Veronica McCann, registered manager, one associate dentist, two dental nurses and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr McCleary during the inspection and Ms McCann 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, a revised expiry date had not been recorded on the Glucagon medication which was stored out of the fridge. Ms McCann was advised that, as per manufacturer's instructions, if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. An area for improvement against the standards has been made.

It was identified that Buccolam medication was not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the BNF. 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. Ms McCann gave assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF. Following the inspection evidence was provided to confirm that additional quantities of Buccolam had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a size 4 oropharyngeal airway and paediatric pads suitable for use with the automated external defibrillator (AED). It was also noted that the automated external defibrillator (AED) adult pads had exceeded their expiry date. An area for improvement against the standards has been made.

Ms McCann was advised to implement more robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates. An area for improvement against the standards has been made.

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

Areas for improvement

A revised expiry date of 18 months from the date of receipt of the Glucagon medication should be recorded on the medication packaging and the expiry date checklist.

Replace the expired adult AED pads, provide paediatric AED pads and an oropharyngeal airway size 4 as recommended by the Resuscitation Council (UK) guidelines.

Implement more robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates.

	Regulations	Standards
Areas for improvement	0	3

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 and tidy. A discussion took place in relation to decluttering one of the dental surgeries to ensure effective cleaning can take place. Mr McCleary agreed to address this issue.

Some of the foot operated clinical waste bins were difficult to open and should be repaired or replaced. Ms McCann agreed to address this issue.

As discussed the practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the 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 January 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 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.

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 with the exception of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. On enquiry, staff confirmed that the DAC Universal was not in operation and staff were unsure whether the dental handpieces were compatible with the washer disinfector. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DOH. An area for improvement against the standards has been made in this regard.

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 January 2018, evidenced that the audit had been completed and had identified both areas of good practice and areas that require to be improved. However, the issue identified in relation to the decontamination of dental handpieces had not been identified during the audit process. Ms McCann has agreed to ensure that the IPS audit is revisited to ensure it is meaningful in identifying issues in relation to decontamination.

Appropriate equipment, including a washer disinfector, a DAC Universal and three steam sterilisers, has been provided to meet the practice requirements. Staff confirmed that the DAC Universal and one of the steam sterilisers were not operational. The equipment used in the decontamination process had been appropriately validated however; there was no evidence that pressure vessels had been inspected in keeping with the written scheme of examination. An area for improvement against the regulations has been made in this regard.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff were 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 in general 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

All compatible dental handpieces should be decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in either the DAC Universal or the washer disinfector.

Pressure vessels should be inspected under a written scheme of examination and records retained.

	Regulations	Standards
Areas for improvement	1	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopantomogram machine (OPG), which is located in a separate room.

Mr McCleary is the radiation protection supervisor (RPS) in the practice. A dedicated radiation protection file was in place however, there was no evidence that Mr McCleary had reviewed the

information contained within the file to ensure that it is current. Mr McCleary was advised to review the information contained within the radiation protection file to ensure that all the relevant information is included and up to date. A radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed. 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. An area for improvement against the standards has been made.

Mr McCleary was aware of the most recent changes to the legislation surrounding radiology and radiation safety.

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

Mr McCleary confirmed that he 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 this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

The RPS should review the radiation protection file to ensure that all the relevant information is included and up to date. Any recommendations made by the RPA should be addressed and confirmation of this recorded in the radiation protection file.

	Regulations	Standards
Areas for improvement	0	1

5.5 Additional Areas

Recruitment and selection

Three staff personnel files were reviewed. Two of these contained the original Access NI enhanced disclosure certificates. This is not in keeping with Access NI's code of practice. It was advised that Access NI disclosure certificates should be handled in keeping with Access NI's code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome. An area for improvement against the standards has been made.

Environment

On the day of the inspection one of the emergency exits was cluttered with various items stored on the floor. Ms McCann was advised to de clutter this area to ensure that the escape route and emergency exit is kept clear at all times. An area for improvement against the regulations has been made to ensure that all emergency escape routes and fire exits are kept clear at all times.

Exposed electrical wires were observed to be situated close to the OPG machine. Mr McCleary confirmed that the identified exposed electrical wires were not dangerous however; it was advised that any exposed electrical wires are covered and made safe.

Areas for improvement

Access NI disclosure certificates should be handled in keeping with Access NI's code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.

All emergency escape routes and fire exits must be kept clear at all times.

	Regulations	Standards
Areas for improvement	1	1

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 Ms McCann and staff.

5.7 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 18 patients indicated that they felt their care was safe and the service was well led and were either very satisfied or satisfied with both of these areas of their care. Seventeen patients indicated that they felt their care was effective and they were treated with compassion and were either satisfied or very satisfied with both of these areas of care. One patient indicated that they were unsatisfied that their care was effective and did not indicate that they were either satisfied or dissatisfied in relation to being treated with compassion. Comments included in the submitted questionnaire responses are as follows:

- "A very friendly caring practice to go to."
- "Very happy with the practice."
- "I am very happy and content with my dentist Gary McCleary. He always makes me feel at ease."
- "Very efficient dentist surgery. Polite and well-mannered at all times."
- "Excellent care, very satisfactory."
- "Very happy with all aspects of care. Gary and staff are really caring."

The questionnaire responses were discussed with Mr McCleary and Ms McCann during the inspection.

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

All staff indicated that they were either very satisfied or 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	**2**	**6**

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 McCleary and Ms McCann 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15(2) **Stated:** First time **To be completed by:** 9 August 2018	The registered person shall ensure that pressure vessels are inspected under a written scheme of examination and records retained. A copy should be forwarded to RQIA on completion. Ref: 5.3
	Response by registered person detailing the actions taken: Arrangements have been made and we are awaiting the engineers to arrange a date. docements will be fowarded to RQIA when received.

Area for improvement 2 **Ref:** Regulation 25 (4) (b) **Stated:** First time **To be completed by:** 10 July 2018	The registered person must ensure that all emergency escape routes and fire exits are kept clear at all times. Ref: 5.5
	Response by registered person detailing the actions taken: the emergency escape exits have all been cleared and all staff aware.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 10 July 2018	The registered person shall ensure that a revised expiry date of 18 months from the date of receipt of the Glucagon medication is recorded on the medication packaging and the expiry date checklist. Ref: 5.1
	Response by registered person detailing the actions taken: Glucagon has been dispensed by the pharmacy with expiry date recorded on packaging and practice records.
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 10 July 2018	The registered person shall ensure that the expired adult automated external defibrillator (AED) pads are replaced. Paediatric AED pads and an oropharyngeal airway size 4 should also be provided as recommended by the Resuscitation Council (UK) guidelines. Ref: 5.1
	Response by registered person detailing the actions taken: both Adult and Paediatric pads and airway size 4 have been replaced and compliant with guidelines
Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 10 July 2018	The registered person shall implement more robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates. Ref:5.1
	Response by registered person detailing the actions taken: protocol proceedure have been updated to ensure check on expiry dated

Area for improvement 4 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 10 July 2018	The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the DAC Universal or the washer disinfector. Ref: 5.3
	Response by registered person detailing the actions taken: DAC Universal is now in operation
Area for improvement 5 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 9 August 2018	The radiation protection supervisor (RPS) should review the radiation protection file to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date. Any recommendations made by the radiation protection advisor (RPA) should be addressed and confirmation recorded in the radiation protection file. Ref: 5.4
	Response by registered person detailing the actions taken: the Radiation protection file has been reviewed and up dated
Area for improvement 6 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 10 July 2018	The registered person shall ensure that Access NI disclosure certificates are handled in keeping with Access NI's code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome. Ref: 5.5
	Response by registered person detailing the actions taken: The Access Ni file has been up dated

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

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