Announced Care Inspection Report
28 May 2019

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: Emily Campbell

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 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: Ms Veronica McCann	**Date manager registered:** 6 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Action/enforcement taken following the most recent inspection dated 9 July 2018

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 9 July 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 15(2) **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: Review of documentation evidenced that pressure vessels had been inspected under the written scheme of examination of pressure vessels in August 2018.	
Area for improvement 2 **Ref:** Regulation 25 (4) (b) **Stated:** First time	The registered person must ensure that all emergency escape routes and fire exits are kept clear at all times.	**Met**
	Action taken as confirmed during the inspection: Ms Veronica McCann, registered manager, confirmed that emergency escape routes and fire exits had been cleared following the previous inspection and staff had been made aware they should be kept clear. Emergency escape routes and fire exits were observed to be clear during the 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 12.4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A revised expiry date, as recommended in the manufacturer's instructions, was observed on the Glucagon medication and the monthly checklist.	
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: Adult and child AED pads and an oropharyngeal airway size 4 were observed to be in place and were within their dates of expiry.	
Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall implement more robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates.	**Met**
	Action taken as confirmed during the inspection: All emergency medications and equipment were observed to be in date. However, not all emergency equipment had been included in the monthly checklist. Assurances were provided in this regard and Ms McCann confirmed by email on 4 June 2019 that this had been actioned.	
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Ms McCann and staff confirmed that the DAC Universal was operational again on the day following the previous inspection, and that all compatible dental handpieces are decontaminated in the DAC Universal. Ms McCann and staff confirmed that in the event of the DAC Universal not being available in the future, compatible handpieces would be processed through the washer disinfector. Some issues were identified in relation to the decontamination of reusable dental instruments. Further details can be seen in section 5.4 of the report.	

Area for improvement 5 **Ref**: Standard 8 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that it had been reviewed by the RPS and recommendations made by the RPA had been recorded as addressed. Some further issues were identified during review of the radiation file which Ms McCann confirmed as having been addressed following the inspection. Further details can be seen in section 5.5 of the report.	
Area for improvement 6 **Ref**: Standard 11.1 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: One new staff member had been recruited since the previous inspection. Review of this staff member's personnel file evidenced that AccessNI information had been handled and recorded in accordance with Access NI's code of practice.	

5.0 Inspection findings

An announced inspection took place on 28 May 2019 from 9:50 to 12:55.

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 Ms Veronica McCann, registered manager, and two dental nurses, one of whom undertakes reception duties. The inspector also spoke briefly with Mr Gary McCleary, registered person, at the conclusion of the inspection. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to 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 emergency medicines in keeping with the British National Formulary (BNF) were retained. However, aspirin 300mg was not in dispersible format and there were insufficient doses of Buccolam to ensure that accurate doses could be administered to the relevant age groups as recommended by the Health and Social Care Board (HSCB). Ms McCann confirmed by email on 4 June 2019, that dispersible aspirin and additional doses of Buccolam had been provided.

All emergency medications and equipment were observed to be in date and a monthly checking procedure was in place. However, as previously discussed, not all emergency equipment had been included in the monthly checklist. Assurances were provided in this regard and Ms McCann confirmed by email on 4 June 2019 that this had been actioned.

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, in general, 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

Further to confirmation that issues identified during the inspection had been addressed, no areas for improvement were made.

	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.

Ms McCann confirmed that conscious sedation is not provided.

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including two dental surgeries and the decontamination room, 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 February 2019, 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. However, although actions had been taken to enhance compliance with HTM 01-05, this was not documented. Ms McCann was advised that an action plan should be generated on completion of future audits and records retained when actions have been completed.

The audits are carried out by the lead decontamination nurse, which are then reviewed by Mr McCleary. Ms McCann confirmed that the findings of audits are discussed with staff at team 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.

Safer sharps are in use in the practice in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. However, review of the incident recording book evidenced that one staff member had received a needle stick injury. There was insufficient information recorded regarding the circumstances of the injury and there was no evidence of investigation of the event and subsequent action/learning to reduce/prevent a recurrence. An area for improvement against the regulations was made to ensure that this incident is fully investigated and documented and an action plan generated to reduce/prevent recurrence. Any further incidents should be investigated and recorded in keeping with good practice. Staff spoken with demonstrated good awareness of the actions to be taken in the event of a sharps injury.

A blood spillage kit was available; however, the date of expiry was February 2017. Ms McCann confirmed by email on 4 June 2019, that this had been replaced and an expiry date of April 2021 noted.

Colour coded cleaning equipment in keeping with the National Patient Safety Agency (NPSA) was in place. Mop heads were observed to be stored leaning against each other. Ms McCann provided assurances that wall mounted brackets would be installed to hold mops and prevent cross contamination.

Areas of good practice

A review of the current arrangements, in general, evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

The needle stick injury referred to above should be fully investigated and documented and an action plan generated to reduce/prevent recurrence. Any further incidents should be investigated and recorded in keeping with good practice.

	Regulations	Standards
Areas for improvement	1	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, with the exception of instruments used by the hygienist. Staff advised that due to the high turnover of equipment used by the hygienist, instruments were manually cleaned, as opposed to being processed through the washer disinfector, prior to sterilisation. This was discussed in detail with Ms McCann. An area for improvement against the regulations was made that all reusable instruments are decontaminated using validated processes in keeping with best practice as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, a DAC Universal and three steam sterilisers, has been provided to meet the practice requirements. With the exception of a vacuum steriliser commissioned in April 2019, decontamination equipment was last validated in

August 2017. Ms McCann advised that the washer disinfector and the sterilisers were being validated on 5 June 2019 and documentary evidence by the service engineer to this effect was provided. On 5 June 2019, validation certificates for the washer disinfector and sterilisers were submitted to RQIA. An area for improvement against the standards was made to establish a system to ensure that validation of decontamination equipment is booked and carried out annually as outlined in HTM 01-05. The DAC Universal, which does not require annual validation, was validated in October 2015 and August 2017. Ms McCann provided assurances she would ensure it would be validated again in keeping with manufacturer's instructions.

The washer disinfector logbook evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, daily tests for the sterilisers and the details of the daily automatic control test (ACT) are not being recorded in the associated steriliser or DAC Universal logbooks. An area for improvement against the standards was made in this regard.

Data loggers have been installed on the washer disinfector, DAC Universal and vacuum steriliser, however, information from the data loggers is not being downloaded. In addition, there is no printer or data logger for the two non-vacuum sterilisers and records in respect of cycle parameters for each cycle of these sterilisers is not being retained. An area for improvement against the standards was made that in keeping with HTM 01-05:

- information from decontamination equipment data loggers is downloaded on a regular basis. It was suggested this is done at least monthly.
- records are retained of the cycle parameters for each cycle of the non-vacuum sterilisers with immediate effect.
- records are retained for a least two years.

As discussed previously, pressure vessels had been inspected in keeping with the written scheme of examination.

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 for improvement

All reusable instruments must be decontaminated using validated processes in keeping with best practice as outlined in HTM 01-05. All reusable instruments must be processed through a washer disinfector and steriliser or a DAC Universal.

Establish a system to ensure that validation of decontamination equipment is booked and carried out annually as outlined in HTM 01-05.

Daily tests for the sterilisers and the details of the daily ACT should be recorded in the associated steriliser and DAC Universal logbooks.

Records should be retained of the cycle parameters for each cycle of decontamination equipment for at least two years.

	Regulations	Standards
Areas for improvement	1	3

5.5 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 orthopan tomogram machine (OPG), which is located in a separate room.

It was confirmed that the 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. The appointed RPA completes a quality assurance check every three years. As discussed previously, review of the radiation protection file evidenced that it had been reviewed by the RPS and recommendations made by the RPA had been recorded as addressed.

A new intra-oral x-ray machine had been installed in Surgery 3 in August 2017. A critical examination had been undertaken by the RPA at that time and recommendations made had been addressed.

It was noted that although the RPS had authorised and entitled clinical staff to undertake their relevant duties, these had not been signed by the post holders and not all staff had signed to confirm they had read and understood the local rules. In addition, one associate dentist had been entitled as a dental nurse as opposed to a dentist. Ms McCann confirmed by email on 4 June 2019 that the RPS had addressed these matters.

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. However, an x-ray grading audit has not been undertaken in the last six months. An area for improvement against the standards was made in this regard.

Areas of good practice

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

Areas for improvement

X-ray grading audits should be undertaken every six months.

	Regulations	Standards
Areas for improvement	0	1

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. Ms McCann was advised to include the details of the General Dental Council (GDC) in keeping with the Minimum Standards for Dental Care and Treatment (2011).

Patients and/or their representatives were made aware of how to make a complaint by way of the patient guide and information on display in the practice. It was noted that the patient guide had not been updated to reflect the current arrangements in the practice. Ms McCann was reminded that this is a live document which should be kept up to date. Assurances were given in this regard.

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. Records of complaints included 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.

The practice retains compliments received, for example, 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 McCleary 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 Ms McCann and staff.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. Nineteen indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. One patient indicated that they were very unsatisfied with each of these areas of their care, however, they provided a very positive comment about the practice; it was therefore concluded that scores were entered in error. The following comments were provided in questionnaire responses:

- "My dentist Gary McCleary is an excellent dentist and his staff are lovely and kind. Recommend them often."
- "Very good service, never had any need to complain about anything."
- "Everything is perfect."
- "Been coming to this practice since a child, always great service."
- "Been a patient for over 25 years. Very happy with all aspects of my care and treatment. First class surgery."
- "Care provided is personal, professional and caring. Our whole family circle are patients and would have no hesitation in recommending this practice."
- "They treat everyone with respect and are willing to help everyone. I'm not afraid to go to the dentist now."
- "Family friendly practice."

Eight staff submitted questionnaire responses to RQIA. Seven staff indicated that they were satisfied or very satisfied that patient care was safe, effective and compassionate. Six staff indicated they were satisfied or very satisfied that the service was well led; one indicated a neutral response. One staff member indicated that they were very unsatisfied with each of these areas of care. This was discussed with Mr McCleary and Ms McCann who confirmed they will discuss this with staff and request that any issues of concern are brought to their attention. Comments included in submitted questionnaire responses are as follows:

- "As a hygienist an excellent practice to work in."
- "I feel we all work well as a team and the patient is put first."
- "As a staff member for approx. 17 yrs I am confident that all aspects of care in this practice are of the highest standard."

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	2	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 Ms Veronica McCann, registered manager, 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 (7) **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall ensure that the needle stick injury is fully investigated and documented and an action plan generated to reduce/prevent recurrence. Any further incidents should be investigated and recorded in keeping with good practice Ref: 5.3
	Response by registered person detailing the actions taken: The needle stick injury has been fully investigated and documented and policy reviewed

Area for improvement 2 **Ref:** Regulation 15 (3) **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall ensure that all reusable instruments are decontaminated using validated processes in keeping with best practice as outlined in HTM 01-05. All reusable instruments must be processed through a washer disinfector and steriliser, or a DAC Universal. Ref: 5.4
	Response by registered person detailing the actions taken: all reusable instruments are processed through the washer disinfector and sterlizer and new extra instruments ordered
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall establish a system to ensure that validation of decontamination equipment is booked and carried out annually as outlined in Health Technical Memorandum (HTM) 01-05. Ref: 5.4
	Response by registered person detailing the actions taken: a new system has now been established for validation of decontamination equipment
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 29 May 2019	The registered person shall ensure that daily tests for the sterilisers and the details of the daily automatic control test (ACT) are recorded in the associated steriliser and DAC Universal logbooks. Ref: 5.4
	Response by registered person detailing the actions taken: Daily test are now takenand entered into a new log book
Area for improvement 3 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall ensure that in keeping with HTM 01-05: • information from decontamination equipment data loggers is downloaded on a regular basis • records are retained of the cycle parameters for each cycle of the non-vacuum sterilisers, with immediate effect • records are retained for a least two years. Ref: 5.4
	Response by registered person detailing the actions taken: all records are now downloaded each day onto Securelog detailing all revelent information

Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall ensure that x-ray grading audits are undertaken every six months. Ref: 5.5
	Response by registered person detailing the actions taken: new system in situ for grading x-rays every 6 mts

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

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