Inspection Report

2 November 2021

Gransha Surgery LLP

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 89A-89B Glen Road, Belfast, BT11 8BD
Tel No: 028 9061 2312

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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/, The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: Gransha Surgery LLP **Registered Persons:** Ms Louise McGuigan Mrs Suzanne McGuigan Mr Matthew McGuigan	**Registered Manager:** Ms Debbie McVeigh **Date registered:** 1 March 2021
Person in charge at the time of inspection: Ms Debbie McVeigh	**Number of registered places:** Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Gransha Surgery LLP is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has three registered dental surgeries and provides general dental services, private and health service treatment without sedation.	

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2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 November 2021 from 10.30am to 12.45pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to; staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

Two areas for improvement have been identified; one area has been made against the regulations in relation to recruitment and selection records and the other area has been made against the standards to ensure the two identified dental chairs are re-upholstered.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

No completed staff or patient questionnaires were submitted prior to the inspection.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Gransha Surgery LLP was undertaken on 6 November 2020; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures that adhered to legislation and best practice to ensure that suitably skilled and qualified staff work in the practice.

Ms Louise McGuigan oversees the recruitment and selection of the dental team and approves all staff appointments and is supported by Ms McVeigh.

Ms McVeigh advised that four staff had been recruited during the last three years. A sample of three staff personnel files was reviewed which evidenced that in general relevant recruitment records had been sought; reviewed and stored as required. However it was identified that an AccessNI enhanced disclosure check had not been completed for one staff member.

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Discussion with Ms McVeigh revealed that she had been of the understanding that AccessNI checks were only required to be undertaken for clinical staff. Ms McVeigh also declared that another staff member had been recruited without the completion of an AccessNI check. It was confirmed that both identified staff members had never worked unsupervised. Miss McVeigh stated that an AccessNI enhanced disclosure application would be completed and submitted to the practice's umbrella body immediately after this inspection. RQIA received confirmation later the same day that this action had been taken and assurances were provided confirming that both staff members would work under supervision until such times as their respective satisfactory AccessNI certificates had been satisfactorily processed.

Review of the staff personnel files also identified that a criminal conviction declaration was not in place in any of the three personnel files. Discussion with Ms McVeigh identified that, as a recently appointed manager, she had a genuine lack of knowledge of some aspects of the legislative requirements in relation to the recruitment process. Ms McVeigh was advised that the Independent Health Care Regulations (Northern Ireland) 2005 apply to any person working in the establishment regardless if they are employed; self-employed; a clinical or non-clinical staff member. Ms McVeigh confirmed she now had a clear understanding of the legislation and best practice guidance and stated she would implement a recruitment record checklist to ensure all required documents are in place for any new staff member in the future. Following this inspection RQIA received written confirmation that the AccessNI enhanced disclosure checks had been satisfactorily completed for both identified staff members and that a criminal conviction declaration had been sought and retained for each new staff member. An area for improvement has been made against the regulations to ensure that all required recruitment documents are in place for any person who is to commence work in the practice prior to their commencement date.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information of the current staff working in the practice. Ms McVeigh was advised that the staff register is a live document and should provide information of all staff members who have worked in the practice since registration with RQIA. Following the inspection RQIA received confirmation that the staff register was updated to include the details of all staff as advised and this would be up to date.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

Following the practice's response to the areas for improvement identified during this inspection we have received assurances that recruitment of the dental team now complies with the legislation and best practice guidance.

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5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outlines training to be undertaken, in line with any professional requirements, and the training guidance provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Ms McVeigh, to ensure that the dental team are suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available. It was noted that the oropharyngeal airways had exceeded their expiry dates, following this inspection we received confirmation that these items had been replaced. Ms McVeigh confirmed that the emergency equipment checklist would be further developed to include the expiry dates of all emergency equipment items.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training on 13 October 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

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5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Ms McVeigh and staff confirmed that conscious sedation is not provided.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Ms McVeigh told us there was a nominated lead who had responsibility for IPC and decontamination in the practice.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients. It was noted that two dental chairs each had a small tear in the upholstery which had temporary plastic coverings in place. Ms McVeigh was advised that both dental chairs should be re-upholstered in order to facilitate effective cleaning. An area for improvement has been made against the standards in this regard.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required. It was noted that the IPS audit did not include the two identified dental chairs as previously discussed. Ms McVeigh confirmed that the action plan would be updated in this regard.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and retained in the staff members' personnel files.

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Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health.

There were a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

There was a lead for IPC as recommended by the published guidance. The lead had undertaken IPC training in line with their continuing professional development and had retained the necessary training certificates as evidence.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

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There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that not all members of the dental team had been entitled by the RPS for their relevant duty holder roles and had received training in relation to these roles. Following the inspection RQIA received written confirmation that the entitlement process and training had since been completed by the relevant dental team members and that the relevant records were completed, signed by all relevant persons and retained in the radiation protection file.

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The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA evidenced that the x-ray equipment had been examined on 10 March 2020. It was noted that the report action plan had not been completed by the RPS. Following the inspection RQIA received written confirmation that the action plan had been completed by the RPS.

It is the responsibility of the RPS to oversee radiation safety within the practice; we were assured that the RPS will regularly review the radiation protection file to ensure that it is accurate and up to date. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The equipment inventory evidenced that the practice has three 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. A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business 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 by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms McGuigan, one of the responsible individuals, is in day to day charge of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. 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. Advice and guidance was provided to Ms McVeigh following the inspection to assist with the enhancement of the information provided for patients in relation to onward referral pathways should they remain dissatisfied with the local investigation of their complaint.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

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The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

5.3 Does the dental team have suitable arrangements in place to record 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 McVeigh and staff.

6.0 Conclusion

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment (March 2011)

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Ms McVeigh, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19, Schedule 2, (as amended) **Stated:** First time **To be completed by:** 4 November 2021	The responsible individuals shall ensure that all required recruitment documents are in place for any person who is to commence work in the practice prior to their commencement date. Ref: 5.2.1 **Response by registered person detailing the actions taken:** Recruitment records and processes have been updated accordingly to ensure compliant inline with the RIQA guidelines
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard **Stated:** First time **To be completed by:** 4 January 2022	The responsible individuals shall ensure that the two identified dental chairs are re-upholstered in order to facilitate effective cleaning. Ref: 5.2.5 **Response by registered person detailing the actions taken:** Chairs have been booked in to be upholstered in the 2022 new year to ensure cleaning is more effective.

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The **Regulation** and **Quality Improvement** Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews