

Announced Care Inspection Report 4 September 2019



Gransha Surgery LLP

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

Address: 89A Glen Road, 89A Glen Road, Belfast, BT11 8BD

Tel No: 028 9061 2312

Inspector: Norma Munn

www.rgia.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 three registered places.

3.0 Service details

| | |
|--|--|
| Applicant Registered Persons: Applications received - "registrations pending" Ms Louise McGuigan Mrs Suzanne McGuigan Mr Matthew McGuigan | Registered Manager: Mrs Paula Brown |
| Person in charge at the time of inspection: Ms Louise McGuigan | Date manager registered: 6 November 2017 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 3 |

4.0 Action/enforcement taken following the most recent inspection dated 26 February 2019

The most recent inspection of Gransha Surgery LLP 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 26 February 2019

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 4 September 2019 from 9.30 to 12.45.

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.

Prior to the inspection Ms Louise McGuigan, Mrs Suzanne McGuigan and Mr Matthew McGuigan had submitted applications to RQIA to become the registered persons of Gransha Surgery LLP. The relevant information and appropriate fees accompanied the applications however, RQIA are still awaiting supporting documentation in respect of one of the applications. Therefore the applications submitted have not yet been approved.

During the inspection the inspector met with Ms Louise McGuigan, Mrs Suzanne McGuigan and Mr Matthew McGuigan, applicant registered persons, Mrs Paula Brown, registered manager and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms McGuigan, Mrs McGuigan and Mrs Brown 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 in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. Insufficient Adrenaline was retained in the form of auto-injectors. One dose of Adrenaline was provided in 150 micrograms and one dose in 300 micrograms. A discussion took place with Ms McGuigan in relation to the procedure for the safe administration of Adrenaline and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and BNF. Following the inspection RQIA received confirmation that additional Adrenaline had been ordered as recommended by the HSCB and BNF.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the adult pads for the automated external defibrillator (AED) had exceeded their expiry date. Following the inspection RQIA received confirmation that the adult pads had been replaced. It was agreed that the adult and child pads for the AED would be included in the emergency equipment expiry check list.

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 September 2018 and refresher training had been booked to take place on 18 September 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 in the main 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 information received following the inspection, no areas for improvement were identified.

| | 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.

It was confirmed that conscious sedation is not provided in Gransha Surgery LLP.

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 lid of one of the clinical waste bins was not operating and following the inspection RQIA received confirmation that this had been replaced. Staff were reminded to ensure that all disposable hand towels in clinical areas were wall mounted and not stored on the work tops. A small tear was observed in one of the dental chairs and Ms McGuigan has agreed to repair this to ensure effective cleaning can take place.

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 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. An action plan had been generated to address the areas that required improvement. The audits are carried out by the dental nurses and any learning identified as a result of these audits is shared with staff when identified.

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.

A review of the most recently recruit member of staff personnel file confirmed that a record was retained to evidence their Hepatitis B vaccination status. Mrs Brown is aware that any clinical staff recruited that are new to dentistry should be referred to Occupational Health (OH) in keeping with best practice guidance.

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

Further to information received following the inspection, no areas for improvement were identified.

| | 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.

A review of the most recent IPS audit 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 receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector and a steam steriliser have been provided to meet the practice requirements. Mrs Brown confirmed that the equipment used in the decontamination process had been appropriately validated however the validation certificates were not available to review. Following the inspection RQIA received a copy of the validation certificates. The pressure vessels were inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff 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 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 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.

Ms McGuigan has been newly appointed as the radiation protection supervisor (RPA). She 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. Ms McGuigan confirmed that she regularly reviews the information contained within the file to ensure that it is current. It was advised that the practice contact the RPA to update the file with Ms McGuigan’s name as the newly appointed RPS. Following the inspection RQIA received confirmation that the RPA had amended the documentation contained within the file accordingly.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit in April 2017 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.

Ms McGuigan confirmed that the 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

Further to information received following the inspection, no areas for improvement were identified.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

5.6 Complaints management

There was a complaints policy and procedure in place. Mrs Brown was advised to amend the policy in accordance with legislation and Doha guidance to clearly identify the referral routes for complainants who were dissatisfied with local resolution to their complaint in relation to NHS and private dental care and treatment. Following the inspection RQIA received confirmation that this had been actioned.

Mrs Brown confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. No recent complaints had been received however Mrs Brown confirmed that a system is in place to record complaints that includes the 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, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

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

Areas for improvement

Further to information received following the inspection, no areas for improvement were identified.

| | 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.

Ms McGuigan, one of the applicant registered persons 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 Mrs Brown and staff.

5.9 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were either satisfied or very satisfied with each of these areas of their care. No comments were made in the submitted questionnaire responses.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.10 Total number of areas for improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.0 Fit persons interview

Fit persons interviews were undertaken with Ms McGuigan, Mrs McGuigan and Mr McGuigan during the inspection on 4 September 2019. Discussion evidenced that they had a clear understanding of their roles and responsibilities as registered persons under the relevant legislation and minimum standards.

The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- notification of registered persons/manager absences, change of ownership to RQIA
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under health and safety legislation
- responsibilities under The Independent Health Care Regulations (Northern Ireland) 2005
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011

- responsibilities under the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011)
- staff selection and recruitment procedures
- adherence to professional codes of conduct
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

As discussed RQIA are still awaiting supporting documentation in respect of one of the registered person's applications therefore the registration of Ms McGuigan, Mrs McGuigan and Mr McGuigan with RQIA as registered persons has not yet been approved.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan is not required or included, as part of this inspection report.



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