Announced Care Inspection Report
6 November 2020

Gransha Surgery LLP

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 89A-89B Glen Road, Belfast, BT11 8BD
Tel No: 028 9061 2312
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 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- governance arrangements and review of the report of the visits undertaken by the Registered Provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where applicable).

2.0 Profile of service

This is a registered dental practice with three registered places providing general dental services.

3.0 Service details

Organisation/Registered Provider: Gransha Surgery LLP **Registered Persons:** Ms Louise McGuigan Mrs Suzanne McGuigan Mr Matthew McGuigan	**Registered Manager:** Ms Debbie McVeigh (acting)
Person in charge at the time of inspection: Ms Debbie McVeigh	**Date manager registered:** Application not yet submitted
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Inspection summary

We undertook an announced inspection on 6 November 2020 from 14:00 to 16:05 hours.

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).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of the premises, met with Ms Louise McGuigan, one of the Registered Persons; Ms Debbie McVeigh, Acting Manager; the hygienist; and the receptionist. We reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence, in the main, of good practice in relation to the 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; and governance arrangements. No immediate concerns were identified regarding the delivery of front line patient care.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms McVeigh as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 04 September 2019

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during that inspection.

4.3 Review of areas for improvement from the last care inspection dated 04 September 2019

There were no areas for improvement made as a result of the last announced care inspection.

5.0 How we inspect

In response to the COVID-19 pandemic we reviewed our inspection methodology and considered various options to undertake inspections. The purpose of this was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

One option considered was a blended inspection methodology; meaning providers completed and submitted a self-assessment with supporting documentation to be reviewed in advance of the onsite inspection. The purpose of the onsite inspection is to validate the information submitted.

We agreed to pilot this methodology in dental practices and Gransha Surgery LLP agreed to participate in the pilot. However, the self-assessment and supporting documents were not submitted by the practice within the agreed timeframe therefore we agreed to undertake an onsite inspection and review documentation on the day of the inspection.

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection; and

- the previous care inspection report

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. Returned completed questionnaires were analysed prior to the inspection and are discussed in section 6.8 of this report.

The findings of the inspection were provided to Ms McVeigh at the conclusion of the inspection.

6.0 Inspection findings

6.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Ms McVeigh and staff, and application of the Health and Social Care Board (HSCB) operational guidance. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the practice had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced infection prevention and control procedures; and the patient pathway.

Areas for improvement: **Management of operations in response to COVID-19 pandemic**

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 Management of medical emergencies

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available.

We noted that Aspirin in stock had exceeded the expiry date. We discussed this with staff and following the inspection we received photographic evidence that the Aspirin had been replaced. We advised that a more robust system should be developed to ensure that emergency

medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency. Ms McVeigh agreed to action this with immediate effect.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training on 30 September 2020. We found that this training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that, in general, the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement: Management of medical emergencies

We identified no further areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of some areas of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that the areas of the practice reviewed were fully equipped to meet the needs of patients.

We identified the following issues to be addressed in relation to IPC:

- alcohol gel should be labelled in accordance with best practice guidance;
- hand soap dispensers should be provided at all hand wash basins;
- disposable hand towels in clinical areas should be wall mounted and not stored on the work tops;
- the small tear observed in the identified dental chair should be repaired;

- all signage in clinical areas should be laminated; and
- sharps boxes should be signed and dated on assembly

Ms McVeigh agreed to action these issues identified with immediate effect and following the inspection we received evidence that the issues identified had been addressed.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

Records should be available to confirm that 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 should include 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. On the day of the inspection the most recent IPS audit was not available to review. We advised staff that IPS audits should be completed at least on a six monthly basis in a meaningful manner, the outcome of the audit should be discussed during regular staff meetings and should the audit identify areas for improvement, an action plan should be generated to address the issues identified. Following the inspection we received evidence that the IPS audit had been completed. Ms McVeigh agreed to ensure that the IPS audit is shared with staff and completed at least every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We noted that a number of new staff had been recruited since the previous inspection. We were unable to review all records in relation to the Hepatitis B vaccination status regarding the staff members recruited. Following the inspection RQIA received confirmation that records were retained for all newly recruited staff to evidence their Hepatitis B vaccination status.

Ms McVeigh was advised that all newly recruited clinical staff members, who were new to dentistry, should be automatically referred to occupational health. Following the inspection we received confirmation that this had been actioned.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC practice and evidenced,in general, good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no further areas for improvement regarding IPC.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

The processes regarding the decontamination of reusable dental instruments should be audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. As discussed above we were unable to review records to confirm that the practice had completed the IPS audit tool. However, following the inspection we received confirmation that the IPS audit had been completed.

We found that appropriate equipment, including a washer disinfector and a steam steriliser had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. We reviewed the equipment logbook for the steriliser to evidence that periodic tests were undertaken and recorded in keeping with HTM 01-05. However, the equipment logbook for the washer disinfector had not been fully completed. We were informed that the periodic checks in respect of the washer disinfector had been undertaken but not fully recorded. We were given assurances that this issue would be addressed and following the inspection we received evidence that the periodic tests in respect of the washer disinfector had been recorded in keeping with HTM 01-05.

We found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

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

Areas of good practice: Decontamination of reusable dental instruments

We found the current arrangements evidenced that, in general, best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included ensuring staff had the knowledge and skills to ensure standards were maintained.

Areas for improvement: Decontamination of reusable dental instruments

We identified no further areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Visits by the Registered Provider (Regulation 26)

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. We established that Ms McGuigan, one of the Registered Persons was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.6 Overall management

As discussed Ms McGuigan, one of the Registered Persons is in day to day charge of the practice. We were informed during October 2020 that the Registered Manager had resigned and Ms McVeigh has been appointed as the acting manager for Gransha Surgery LLP.

During this inspection discussions had taken place in respect of the overall day to day management of Gransha Surgery LLP and we were informed that Ms McVeigh would be appointed as the new Registered Manager. We advised that an application in respect of the new Registered Manager should be submitted to RQIA following the inspection.

6.7 Equality data

We discussed the arrangements in place regarding 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. Staff told us that equality data collected was managed in line with best practice.

6.8 Patient and staff views

The practice distributed questionnaires to patients on our behalf and seven patients submitted responses to RQIA. We found that all seven of the patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted questionnaire responses.

We also invited staff to complete an electronic questionnaire prior to the inspection. We found that no staff submitted questionnaire responses to RQIA.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

We identified no areas for improvement and a QIP is not required or included, as part of this inspection report.

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