

Announced Care Inspection Report 26 February 2019



Gransha Surgery LLP

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

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

Tel No: 028 9061 2312

Inspector: Gerry Colgan

www.rqia.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 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Gransha Surgery LLP Responsible Individual: Mrs Louise McGuigan (Acting)	Registered Manager: Mrs Paula Brown.
Person in charge at the time of inspection: Mrs 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 31 October 2017

The most recent inspection of the Gransha Dental Surgery was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 31 October 2017

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 15.1 Stated: Second time	<p>The registered provider must ensure that the arrangements in relation to radiography and radiation protection are reviewed. The review should include the following:</p> <ul style="list-style-type: none"> any recommendations made by the radiation protection advisor (RPA) should be addressed. Records should be retained confirming each recommendation has been actioned staff training records should be retained 	Met

	<p>Action taken as confirmed during the inspection: A review of the radiation file and staff training records confirmed that all staff have received radiology training and all recommendations made by the radiation protection advisor (RPA) have been addressed.</p>	
<p>Area for improvement 2 Ref: Regulation 19 (3) Stated: First time</p>	<p>The registered person shall implement robust systems to ensure that all clinical staff have the appropriate professional indemnity insurance cover at all times</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of records confirmed that all clinical staff have the appropriate professional indemnity insurance cover at all times. Evidence of which was shared with RQIA.</p>	
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 13.4 Stated: First time</p>	<p>The registered person shall ensure that separate logbooks are established for each piece of equipment associated in the decontamination process.</p> <p>The logbooks should contain the following information:</p> <ul style="list-style-type: none"> • details of the machine and location • commissioning report • daily/weekly test record sheets • quarterly test record sheets • annual service/validation certification • fault history • process log • records to show staff have been trained in the correct use of the machine • relevant contacts e.g. service engineer 	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of decontamination practices confirmed that separate logbooks have been established for each piece of equipment associated in the decontamination process.</p>	

Area for improvement 2 Ref: Regulation 13 Stated: First time	The registered person shall ensure that the practice is compliant with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. IPS audits are to be completed every six months.	Met
	Action taken as confirmed during the inspection: A review of documentation confirmed that the practice is compliant with HTM 01-05 using the Infection Prevention Society (IPS) audit tool every six months.	
Area for improvement 3 Ref: Standard 14.7 Stated: First time	The registered person shall develop an incident policy and procedure which includes reporting arrangements to RQIA and other relevant bodies.	Met
	Action taken as confirmed during the inspection: A review of policies confirmed that an incident policy and procedure has been developed which includes reporting arrangements to RQIA and other relevant bodies.	

5.0 Inspection findings

An announced inspection took place on 26 February 2019 from 09.45 to 11.30.

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 Mrs Louise McGuigan, acting responsible person, Mrs Paula Brown, registered manager and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to 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 emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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.

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 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, 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 November 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the dental nurses. Discussion with the registered manager confirmed that any learning identified as a result of these audits is shared immediately with staff. An action plan would be developed and discussed at the staff 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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

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.

Appropriate equipment, including a washer disinfectant and steam steriliser have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and 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 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 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

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine.

Mrs McGuigan as 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. Mrs McGuigan regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA in April 2017 demonstrated that any recommendations made have now been addressed.

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

Mrs McGuigan takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 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 the registered manager who confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All 15 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 15 patients also indicated that they were very satisfied with each of these areas of their care. No comments were included in the submitted questionnaires.

Staff were invited to complete an on-line questionnaire. No members of staff submitted questionnaire responses to RQIA.

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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