Announced Care Inspection Report
15 January 2021

Maguire McCann Dental Surgeons

Type of Service: Independent Hospital (IH) – Dental Treatment
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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
- review of the areas for improvement identified during the previous care inspection (where applicable)

2.0 Profile of service

Maguire McCann Dental Surgeons 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 five registered dental surgeries and provides general dental services.

3.0 Service details

Organisation/Registered Person: Mr John McCann	**Registered Manager:** Mr John McCann
Person in charge at the time of inspection: Mr John McCann	**Date manager registered:** 26 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Five

4.0 Inspection summary

We undertook an announced inspection on 15 January 2021 from 10:30 to 13:45.

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).

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 Mr John McCann, Registered Person; the practice manager; and two dental nurses. We reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence 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 Mr McCann, Registered Person 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 02 October 2019 and 22 October 2019

The most recent inspection of Maguire McCann Dental Surgeons was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.3 Review of areas for improvement from the last care inspection dated 02 and 22 October 2019

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 21(3), Schedule 3, Part II (8) **Stated:** First time	The Registered Person shall ensure that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are available for inspection.	**Met**
	Action taken as confirmed during the inspection: We confirmed that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are kept on site and these were available for inspection.	
Area for improvement 2 **Ref:** Regulation 19 (2) (d) Schedule 2, as amended **Stated:** First time	The Registered Person shall ensure that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended is sought and retained prior to commencement of employment.	**Met**

	Action taken as confirmed during the inspection: Mr McCann informed us that three staff had commenced employment since the previous inspection. However one member of staff had since left the practice. We reviewed the personnel files of the two remaining newly recruited staff members and confirmed that all information as listed in Regulation 19, Schedule 2, as amended of The Independent Health Care Regulations (NI) 2005 had been sought and retained with the exception of one reference. We discussed this with Mr McCann and the practice manager and an explanation for this was given. Mr McCann gave assurances that two written references would be sought in respect of any new staff employed in the future.	
Area for improvement 3 **Ref:** Regulation 18 (2) (a) **Stated:** First time	The Registered Person shall ensure that all staff who work in the practice are trained in keeping with RQIA training guidance for dental practices.	**Met**
	Action taken as confirmed during the inspection: We reviewed training records and found that the majority of staff had been trained in keeping with RQIA training guidance for dental practices. We identified that two staff members had not attended fire awareness training within the last year. We discussed this with Mr McCann and following the inspection we received evidence that this training had been completed.	
Area for improvement 4 **Ref:** Regulation 21(3) Schedule 3 (6) **Stated:** First time	The Registered Person shall ensure that a staff register is maintained in accordance with Schedule 3 Part II (6) of The Independent Health Care Regulations (NI) 2005. The staff register should be kept updated and be available for inspection.	**Met**
	Action taken as confirmed during the inspection: We reviewed the staff register and found that it was up to date and in accordance	

	with Schedule 3 Part II (6) of The Independent Health Care Regulations (NI) 2005.	

5.0 How we inspect

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
- the previous care inspection report
- the returned QIP from the previous care inspection

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. No completed patient or staff questionnaires were returned to RQIA.

During the inspection, we spoke with Mr McCann; the practice manager; and two dental nurses.

The findings of the inspection were provided to Mr McCann 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 Mr McCann 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 with the exception of Glucagon medication. We found that the Glucagon was stored out of the fridge and the expiry date had not been amended in accordance with manufacturer's instructions. We discussed this with Mr McCann and following the inspection we received evidence that this issue had been addressed.

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 advised Mr McCann to stock a sufficient supply of needles and syringes in various sizes to be able to administer Adrenaline doses in keeping with the BNF. Following the inspection we received evidence that this issue had been addressed.

We noted that a system was in place 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. We found that the records reviewed did not accurately reflect the date the checks were carried out and the expiry date of the Glucagon had not been updated. Following the inspection we received assurances from Mr McCann that this issue would be addressed.

We spoke with staff who informed 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 during March 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 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 established that personal protective equipment (PPE) was readily available and, in general, was 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.

Mr McCann was advised to review the provision of reusable gowns worn during AGP's in keeping with best practice. Following the inspection Mr McCann informed us that disposable gowns had been provided to be used during AGP's.

We confirmed 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 PPE; hand hygiene practice; and waste and sharps management.

Mr McCann informed us that he completes the IPS audits however; in the future the process will involve the dental nurses on a rotational basis. Mr McCann shares the outcome of the audit during regular staff meetings and should the audit identify areas for improvement, an action plan is generated to address the issues identified. Mr McCann has been completing the IPS audit every six months in keeping with HTM 01-05 specifications.

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.

As discussed in section 4.3 we examined the staff register and noted that three new clinical staff had been recruited since the previous inspection. We were informed that one of the staff members had since left the practice. We reviewed the personnel records of the two remaining newly recruited staff and confirmed that records were retained to evidence their Hepatitis B vaccination status.

We noted these records had been generated by an occupational health department. Mr McCann told us that all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to occupational health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC practice and evidenced 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 were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit, completed during January 2021 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.

We found that appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers 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. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05 with the exception of the daily automatic control test (ACT) and steam penetration test in respect of the DAC Universal. We advised these periodic tests are undertaken and recorded in keeping with HTM 01-05. Following the inspection we received confirmation that this issue had been addressed.

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 best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and 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 Mr McCann was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.6 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.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and we invited staff to complete an electronic questionnaire prior to the inspection. As discussed in section 5.0 no completed patient or staff questionnaires were returned to RQIA.

6.8 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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