



Announced Inspection

Name of Establishment: Maguire McCann Dental Surgeons
Establishment ID No: 11581
Date of Inspection: 25 February 2015
Inspector's Name: Stephen O'Connor
Inspection No: 20225

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

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| Name of establishment: | Maguire McCann Dental Surgeons |
| Address: | 18 Darling Street Enniskillen BT74 7EW |
| Telephone number: | 028 66322983 |
| Registered organisation / registered provider: | Mr John McCann |
| Registered manager: | Mr John McCann |
| Person in charge of the establishment at the time of inspection: | Mr John McCann |
| Registration category: | IH-DT |
| Type of service provision: | Private dental treatment |
| Maximum number of places registered: (dental chairs) | 5 |
| Date and type of previous inspection: | Failure to Comply Notice Announced Compliance Inspection 24 March 2014 |
| Date and time of inspection: | 25 February 2015 09:50 – 12:25 |
| Name of inspector: | Stephen O'Connor |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (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;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mr John McCann, registered provider;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with staff on duty. Questionnaires were provided to staff prior to the inspection by the practice, on behalf of the RQIA to establish their views regarding the service. Matters raised by staff were addressed by the inspector during the course of this inspection:

| | Number | |
|------------------------------|---------------|------------|
| Discussion with staff | 2 | |
| Staff Questionnaires | 10 issued | 0 returned |

Prior to the inspection the registered person/s were asked, in the form of a declaration, to confirm that they have a process in place for consulting with service users and that a summary of the findings has been made available. The consultation process may be reviewed during this inspection.

6.0 Inspection Focus

The inspection sought to establish the level of compliance achieved with respect to the selected DHSSPS Minimum Standards for Dental Care and Treatment and a thematic focus incorporating selected standards and good practice indicators. An assessment on the progress in relation to the issues raised during and since the previous inspection was also undertaken.

In 2012 the DHSSPS requested that RQIA make compliance with best practice in local decontamination, as outlined in HTM 01-05 Decontamination in Primary Care Dental Premises, a focus for the 2013/14 inspection year.

The DHSSPS and RQIA took the decision to review compliance with best practice over two years. The focus of the two years is as follows:

- Year 1 – Decontamination – 2013/14 inspection year
- Year 2 - Cross infection control – 2014/15 inspection year

Standard 13 – Prevention and Control of Infection [Safe and effective care]

The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.

The decontamination section of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health, was used as a framework for development of a self-assessment tool and for planned inspections during 2013/14.

The following sections of the 2013 edition of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health have been used as a framework for the development of a self-assessment tool and for planned inspections in 2014/15:

- prevention of blood-borne virus exposure;
- environmental design and cleaning;
- hand hygiene;
- management of dental medical devices;
- personal protective equipment; and
- waste.

A number of aspects of the decontamination section of the audit tool have also been revisited.

RQIA have highlighted good practice guidance sources to service providers, making them available on our website where possible. Where appropriate, requirements will be made against legislation and recommendations will be made against DHSSPS Minimum Standards for Dental Care and Treatment (2011) and other recognised good practice guidance documents.

The registered provider/manager and the inspector have each rated the practice's compliance level against each section of the self-assessment.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
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| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 4 – Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report. |
| 5 – Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of Service

Maguire McCann Dental Surgeons is located within a former residential property situated in a commercial area of Enniskillen town. The three storey establishment has been extensively renovated to provide a modern dental practice. On street and nearby public car parking is available for patients.

The establishment is accessible for patients with a disability, with a disabled toilet and surgery located on the ground floor of the practice.

Maguire McCann Dental Surgeons operates five dental chairs, providing both private and NHS dental care. Waiting areas and toilet facilities are available for patient use. In addition the practice has a dedicated decontamination room, a radiology room, reception area, office, staff and storage facilities.

Mr McCann is supported by four associate dentists and a team of dental nurses and reception staff.

Mr McCann has been the registered provider and manager of Maguire McCann Dental Surgeons since initial registration with RQIA on the 26 March 2012.

The establishment's statement of purpose outlines the range of services provided.

This practice is registered as an independent hospital (IH) providing dental treatment (DT).

8.0 Summary of Inspection

This announced inspection of Maguire McCann Dental Surgeons was undertaken by Stephen O'Connor on 25 February 2015 between the hours of 09:50 and 12:25. Mr John McCann, registered provider was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no requirements or recommendations being made, no follow up was required during this inspection.

Prior to the inspection, Mr McCann completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr McCann in the self-assessment were not altered in any way by RQIA. Mr McCann omitted to rate the practice compliance levels against each criterion on the submitted self-assessment; however he rated compliance levels during the inspection. The self-assessment is included as appendix one in this report.

During the course of the inspection the inspector met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; none were returned to RQIA within the timescale required. Discussion with staff demonstrated that they were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B.

Inspection Theme – Cross infection control

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

RQIA reviewed the compliance of the decontamination aspect of HTM 01-05 in the 2013/2014 inspection year. The focus of the inspection for the 2014/2015 inspection year is cross infection control. A number of aspects of the decontamination section of HTM 01-05 have also been revisited.

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. Staff are familiar with best practice guidance outlined in the document and audit compliance on an ongoing basis.

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Mr McCann and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of, and are adhering to, the practice policy in this regard. In the main sharps management was observed to be in line with best practice. A recommendation was made to provide sharps containers suitable for pharmaceutical waste.

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment. A recommendation was made that fabric covered chairs should be removed from clinical areas.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. A recommendation was made that plugs should be removed from hand washing basins and that the overflows in stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic. Information promoting hand hygiene is provided for staff and patients.

A written scheme for the prevention of legionella is available. A recommendation was made that records must be retained of the hot and cold sentinel water temperatures. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with staff demonstrated that a system is in place to manage dental unit water lines (DUWLs). DUWLs have not been purged using disinfectant. This was discussed with Mr McCann who confirmed that he has consulted with a dental supplier and ordered a disinfectant suitable for purging the DUWLs in the practice. A recommendation was made in this regard.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this. Observations made confirmed that PPE was readily available and used appropriately by staff.

Arrangements were in place for the management of general and clinical waste, including sharps. Waste was appropriately segregated, with the exception of pharmaceutical waste and suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years. Clinical waste bins are not pedal operated and a recommendation was made to address this.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. In the main review of equipment logbooks evidenced that periodic tests are undertaken and recorded

in keeping with HTM 01-05. A recommendation was made that the DAC Universal logbook is further developed to ensure that it fully reflects the periodic testing regime for a washer disinfectant and an S Type steam steriliser in keeping with HTM 01-05. This includes undertaking and recording the details of a daily automatic control test (ACT) and a weekly protein residue test.

A dental nurse confirmed that on occasions when three surgeries are in operation at the same time, there can be a delay in treatment while staff wait for instruments to be processed. This was discussed with Mr McCann and a recommendation was made to address this.

The evidence gathered through the inspection process concluded that Maguire McCann Dental Surgeons is substantially compliant with this inspection theme.

Mr McCann confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve, and that results of the consultation have been made available to patients.

Seven recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr McCann and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No requirements or recommendations were made as a result of the previous inspection.

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> | |
| <p>Criteria Assessed: 11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service. 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p> | |
| <p>Inspection Findings:</p> <p>Mr McCann rated the practice arrangements for the prevention of blood-borne virus exposure as compliant during the inspection.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with Mr McCann and staff evidenced that:</p> <ul style="list-style-type: none"> • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; and • records are retained regarding the Hepatitis B immunisation status of clinical staff. <p>Mr McCann confirmed that no new clinical staff have commenced work in the practice since the previous inspection and that in the future newly recruited clinical staff will receive an occupational health check.</p> <p>Discussion with staff confirmed that they are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes suitable for the disposal of general clinical waste are wall mounted, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.</p> <p>Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p> | |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
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| Inspector's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |
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10.2 Environmental design and cleaning

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.1 Your dental service's premises are clean.</p> |
| <p>Inspection Findings:</p> <p>Mr McCann rated the practice arrangements for environmental design and cleaning as compliant during the inspection.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises to include two of the five dental surgeries and the decontamination room; these areas were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Both of the surgeries observed provided fabric covered chairs. This is not in keeping with best practice guidance as the use of porous materials should be avoided in clinical areas. A recommendation was made to address this.</p> <p>Discussion with Mr McCann and staff confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is designated for use in specific areas; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p> |

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| Provider's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |
| Inspector's overall assessment of the dental practice's compliance level against the standard assessed | Substantially complaint |

10.3 Hand Hygiene

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criteria Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p> |
| <p>Inspection Findings: Mr McCann rated the practice arrangements for hand hygiene as compliant during the inspection.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Review of documentation and discussion with Mr McCann demonstrated that hand hygiene is included in the induction programme and staff confirmed that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The stainless steel hand washing basins observed had plugs and overflows. This is not in keeping with best practice guidance and a recommendation was made to address this. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, and the decontamination room. The inspector advised this poster should also be displayed in toilet facilities.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Substantially compliant</p> |

10.4 Management of Dental Medical Devices

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p> |
| <p>Inspection Findings:</p> <p>Mr McCann rated the practice approach to the management of dental medical devices as compliant during the inspection.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with Mr McCann and staff confirmed that this is adhered to. Although Mr McCann confirmed that hot and cold sentinel water temperatures are monitored daily, records of water temperatures are not retained. A recommendation was made to address this.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.</p> <p>Observations made and discussion with staff confirmed that a system is in place to manage DUWLs. This includes that:</p> <ul style="list-style-type: none"> • Filters are cleaned/replaced as per manufacturer’s instructions; • An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs; • Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer’s guidance; • A single use sterile water source is used for irrigation in dental surgical procedures; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; and • DUWLs and handpieces are fitted with anti-retraction valves. <p>Mr McCann confirmed that DUWLs have not been purged using a disinfectant. However he also confirmed that he has consulted with a dental supplier and ordered a disinfectant suitable for purging the DUWLs in the practice. A recommendation was made in this regard.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Substantially compliant</p> |

10.5 Personal Protective Equipment

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p> |
| <p>Inspection Findings: Mr McCann rated the practice approach to the management of personal protective equipment (PPE) as compliant during the inspection.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Review of documentation and discussion with Mr McCann demonstrated that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>Staff confirmed that they were aware of the practice uniform policy.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |

10.6 Waste

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p> |
| <p>Inspection Findings: Mr McCann rated the practice approach to the management of waste as substantially compliant during the inspection.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Review of documentation and discussion with Mr McCann demonstrated that the management of waste is included in the induction programme and staff confirmed that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that they are aware of the different types of waste and appropriate disposal streams.</p> <p>It was observed that the clinical waste bins provided in the practice are not pedal operated. A recommendation was made to address this.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers suitable for general clinical waste available throughout the practice. Sharps containers suitable for pharmaceutical waste have not been provided. This was discussed with Mr McCann who confirmed that partially discharged anaesthetic cartridges are disposed of in sharps containers suitable for general clinical waste. A recommendation was made to address this.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Substantially compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Substantially compliant</p> |

10.7 Decontamination

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p> |
| <p>Inspection Findings:</p> <p>Mr McCann rated the decontamination arrangements of the practice as compliant during the inspection.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A dental nurse confirmed that only one of the steam sterilisers is in routine use.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with HTM 01-05 with exception of periodic tests undertaken in regards to the DAC Universal. Review of the DAC Universal logbook demonstrated that the details of a daily automatic control test (ACT) are not recorded and a weekly protein residue test is not undertaken. This was discussed with Mr McCann and staff and a recommendation was made to address this.</p> <p>A dental nurse confirmed that on occasions when three surgeries are in operation at the same time, there can be a delay in treatment while staff wait for instruments to be processed. This was discussed with Mr McCann and a recommendation was made to address this.</p> |

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| Provider’s overall assessment of the dental practice’s compliance level against the standard assessed | Compliant |
| Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed | Substantially compliant |

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| Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed | Compliance Level |
| | Substantially compliant |

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required.

Discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr McCann confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve, and that results of the consultation have been made available to patients.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr McCann as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

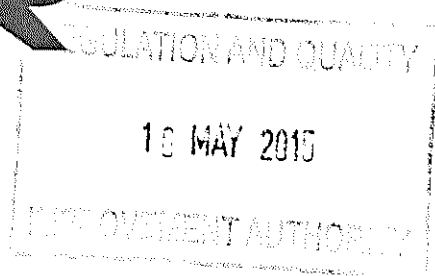
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Stephen O'Connor
Inspector/Quality Reviewer

Date



Quality Improvement Plan
Announced Inspection
Maguire McCann Dental Surgeons
25 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr John McCann either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

| RECOMMENDATIONS | | | | | |
|--|-----------------------------------|---|-------------------------------|--|-----------------------|
| These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery. | | | | | |
| NO. | MINIMUM STANDARD REFERENCE | RECOMMENDATIONS | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
| 1 | 13 | Fabric chairs should be removed from all dental surgeries. Ref: 10.2 | One | <i>We are now having new chairs</i> | One month |
| 2 | 13 | Plugs should be removed from all dedicated hand washing basins and the overflows in all stainless steel hand washing basins must be blanked off using a stainless steel plate sealed with antibacterial mastic. Ref: 10.3 | One | <i>BUILDER ENGAGED TO DO THIS</i> | Two months |
| 3 | 13 | A record must be retained of the hot and cold sentinel water temperatures. Ref: 10.4 | One | <i>NOW BEING RECORDED</i> | Immediate and ongoing |
| 4 | 13 | Ensure that the procedure to manage the infection risk from their dental unit water lines (DUWLs) is either compliant with the manufacturer's instructions or with best practice guidance as outlined in HTM 01-05. Ref: 10.4 | One | <i>DUWL is now managed using ALPROX as per manufacturers guideline</i> | One month |

| | | | | | |
|---|----|--|-----|--|------------|
| 5 | 13 | <p>The following issues in relation to clinical waste must be addressed:</p> <ul style="list-style-type: none"> • Ensure that all clinical waste bins are pedal operated; and • Ensure that sharps containers suitable for the disposal of pharmaceutical waste are provided. <p>Ref: 10.6</p> | One | <p><i>Ordered from Carroll Hygiene</i></p> | One month |
| 6 | 13 | <p>The DAC Universal logbook should be further developed to ensure that it fully reflects the periodic testing regime for a washer disinfectant and an S Type steam steriliser as outlined in HTM 01-05.</p> <p>This includes undertaking and recording the details of a daily automatic control test (ACT) and a weekly protein residue test.</p> <p>Ref: 10.7</p> | One | <p><i>Now updated</i></p> | One month |
| 7 | 13 | <p>Review the practice supply of reusable dental instruments and ensure the practice has a sufficient supply of instruments to meet the practice demands.</p> <p>Ref: 10.7</p> | One | <p><i>Now system in place > extras ordered as request</i></p> | Two months |

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Stephen O'Connor
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: 

SIGNED: _____

NAME: Stephen McCann
 Registered Provider

NAME: _____
 Registered Manager

DATE: 30/03/15

DATE: _____

| QIP Position Based on Comments from Registered Persons | | Yes | No | Inspector | Date |
|--|---|-----|----|------------------|----------|
| A | Quality Improvement Plan response assessed by inspector as acceptable | ✓ | | STEPHEN O'CONNOR | 21.05.15 |
| B | Further information requested from provider | | ✓ | STEPHEN O'CONNOR | 21.05.15 |