

Announced Care Inspection Report 2 August 2018



Maguire McCann Dental Surgeons

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Maguire McCann Dental Surgeons, Enniskillen BT74 7EW
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Inspector: Norma Munn

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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 five registered places.

3.0 Service details

Organisation/Registered Provider: 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: 5

4.0 Action/enforcement taken following the most recent inspection dated 25 January 2018

The most recent inspection of the establishment 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 25 January 2018

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 19, Schedule 2 Stated: First time	The registered person shall ensure that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be sought and retained for any new staff commencing work in the future.	Met
	Action taken as confirmed during the inspection: Mr McCann confirmed that no staff have commenced employment since the previous inspection.	

	<p>Mr McCann confirmed that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 would be sought and retained for any new staff commencing work in the future.</p>	
<p>Area for improvement 2 Ref: Regulation 21(3) Stated: First time</p>	<p>The registered person shall ensure that a staff register is developed and maintained to include the names and details of all staff who are and have been employed in the practice.</p> <p>The register should include the name, date of birth, position, dates of employment and details of professional qualification and professional registration with the GDC, where applicable. This should also include self-employed staff working in the practice.</p> <p>Action taken as confirmed during the inspection: The staff register reviewed included the name, date of birth, position, dates of employment and details of professional qualification and professional registration with the GDC, where applicable.</p>	<p>Met</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 12.4 Stated: First time</p>	<p>The registered person shall ensure that a self-inflating bag with reservoir suitable for use with a child and oropharyngeal airways in various size are provided as recommended by the Resuscitation Council (UK).</p> <p>Action taken as confirmed during the inspection: It was observed that oropharyngeal airways in various sizes had been provided. A self-inflating bag with reservoir suitable for use with an adult and infant had been provided. Following the inspection RQIA received confirmation that an additional self-inflating bag with reservoir suitable for use with a child was also provided.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 13 Stated: First time	The registered person shall ensure that the identified surgery on the ground floor is de-cluttered and deep cleaned prior to becoming operational.	Met
	The overflow in the hand wash basin in this surgery should be blanked off in keeping with HTM 01-05.	
	Action taken as confirmed during the inspection: The surgery on the ground floor had been de-cluttered, deep cleaned and the overflow in the hand wash basin had been blanked off.	

5.0 Inspection findings

An announced inspection took place on 2 August 2018 from 10.30 to 12.40.

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 Mr McCann, registered person, an associate dentist and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr McCann 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 February 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. Following the inspection Mr McCann confirmed that all handtowels and personal protective equipment are to be wall mounted in the decontamination room and any waste bins in clinical areas that were not in keeping with best practice have been replaced with foot operated waste bins.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. Discussion with Mr McCann confirmed that any learning identified as a result of these audits is shared with staff during 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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Mr McCann confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps.

Following the inspection RQIA received an email from Mr McCann to confirm that a risk assessment had been completed on the management of sharps and shared with all staff.

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 further 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.

As discussed a review of the most recent IPS audit evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

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

Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers 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 five surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr McCann is the radiation protection supervisor (RPS). Mr McCann 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. Mr McCann 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 demonstrated that any recommendations made have been addressed.

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

Mr McCann 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 Mr McCann.

5.6 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were either satisfied or very satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses were discussed with Mr McCann and are as follows:

- “The practice is very sympathetic to my fear of dentists. I fully trust my dentist and he will always ensure that I fully understand any procedure. He also makes sure I am comfortable with what is being done.”
- “Excellent service, everything is well explained and very reassuring for nervous patients.”
- “I would like a hygienist to call every now and again to get teeth cleaned.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three staff submitted questionnaire responses to RQIA. Two of the staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Two of the staff indicated that they were either satisfied or very satisfied with each of these areas of patient care. One staff member indicated that they were satisfied that the care was safe and patients were treated with compassion and they were undecided in relation to care being effective and the service being well led.

No comments were included in the submitted questionnaire responses.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

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



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