

Announced Care Inspection Report 5 December 2019



McCann and Haran Dental Clinic

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

Address: 3 James Street, Omagh, BT78 1DH

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Inspector: Carmel McKeegan

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 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: McCann and Haran Dental Clinic Responsible Individual: Mr Mark Haran	Registered Manager: Mr Mark Haran
Person in charge at the time of inspection: Mr Mark Haran	Date manager registered: 15 July 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Action/enforcement taken following the most recent inspection dated 06 September 2018

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

5.0 Inspection findings

An announced inspection took place on 5 December 2019 from 11.00 to 12.45.

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).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Mark Haran, registered person/manager and two dental nurses. A tour of the premises was also undertaken.

One area for improvement was identified against the standards to address infection prevention and control environmental issues.

The findings of the inspection were provided to Mr Haran 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 2019, staff confirmed that this training is booked to take place again during February 2020.

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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures and is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Haran confirmed that conscious sedation is not provided.

5.3 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. An area for improvement against the standards has been made to address the following areas;

- reupholster the dental chair in surgery 2 to provide an intact surface to enable effective cleaning
- review the position of the clinical waste bin in the downstairs surgery to ensure the pedal operating function is accessible to all clinical staff, and
- ensure general waste bins in all clinical areas are non-touch or pedal operated.

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 September 2019, evidenced that the audit had identified areas of good practice. The audits are carried out by the dental nurses who confirmed that any learning identified as a result of these audits is shared at staff meetings. We were told that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process

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'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was in place for the practice, which indicates the steps taken by individual dentists to reduce the risk of sharps injuries occurring.

Review of the staff register identified that one new clinical staff member commenced since the previous inspection. Review of personnel records in relation to this staff member evidenced that a record to evidence their Hepatitis B vaccination status was retained. This record had been generated by the staff member's General Practitioner (GP). We were informed the newly recruited clinical staff member had also been referred to occupational health. Mr Haran was aware that newly recruited clinical staff members new to dentistry must be referred to occupational health.

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

The areas identified to improve infection prevention and control environmental issues should be addressed.

	Regulations	Standards
Areas for improvement	0	1

5.4 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 disinfector and two steam sterilisers, has 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

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in surgery one.

Mr Haran 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 and is regularly reviewed by Mr Haran to ensure 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 RPA report dated 4 July 2019 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 Haran stated that all dentists take 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

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

There have been no complaints since the previous inspection; however, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party.

It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Where the 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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Haran is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 staff.

5.9 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All 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 five patients also indicated that they were very satisfied with each of these areas of their care.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Detail of the QIP was discussed with Mr Mark Haran, registered person, as part of the inspection process. The timescale commences from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the action taken to address the area for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 1 February 2020	<p>The registered person shall ensure the following areas are addressed;</p> <ul style="list-style-type: none"> reupholster the dental chair in surgery 2 to provide an intact surface to enable effective cleaning review the position of the clinical waste bin in the downstairs surgery to ensure the pedal operating function is accessible to all clinical staff, and ensure general waste bins in all clinical areas are non-touch or pedal operated. <p>Ref: 5.3</p> <p>Response by registered person detailing the actions taken: Arrangements made for chair repair. All other issues have been addressed.</p>

Please ensure this document is completed in full and returned via Web Portal



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