

# Announced Care Inspection Report 6 September 2018



## McCann and Haran Dental Clinic

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

**Address: 3 James Street, Omagh, BT78 1DH**

**Tel No: 028 82 249555**

**Inspector: Elizabeth Colgan**

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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 three registered places.

## 3.0 Service details

<b>Organisation/Registered Providers:</b> Mr Mark Haran and Mr Eamonn McCann	<b>Registered Manager:</b> Mr Mark Haran
<b>Person in charge at the time of inspection:</b> Ms Bernie McSorley (Practice Manager)	<b>Date manager registered:</b> 15 July 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

## 4.0 Action/enforcement taken following the most recent inspection dated 22 August 2017

The most recent inspection of McCann and Haran Dental Clinic 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 22 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time	The registered persons shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.  The outstanding recruitment records should be sought and retained for the identified staff member.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>The outstanding recruitment records had been sought and retained for the identified staff member.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time</p>	<p>The registered persons shall ensure Buccolam pre-filled syringes are provided in sufficient quantity and dosage as recommended by the HSCB.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation confirmed that Buccolam pre-filled syringes had been provided in sufficient quantity and dosage as recommended by the Health and Social Care Board (HSCB).</p>	<b>Met</b>

## 5.0 Inspection findings

An announced inspection took place on 6 September 2018 from 09.45 to 11.15.

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 the practice manager, a dentist, and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to the practice manager 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 with the exception of a self-inflating bag with reservoir for a child. Mr Haran registered person confirmed by electronic mail to RQIA on 25 September 2018 that a self-inflating bag with reservoir for a child had been obtained.

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 December 2017.

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 evidenced that the practice, including the clinical and decontamination areas were clean, tidy and uncluttered.

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

During discussion with the practice manager it was identified that conventional needles and syringes are used by some of 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. It was advised that consideration should be given to using safer sharps. Following the inspection RQIA received confirmation that a risk assessment had been completed on the management of sharps and shared with all staff. Mr Haran forwarded a copy of the sharps risk assessment to RQIA by electronic mail on 25 September 2018.

A review of the most recent IPS audit, completed during March 2018, 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. The practice manager confirmed that an action plan has been developed to address the areas identified for improvement.

The audits are carried out by Mr Haran and dental nurses. The practice manager confirmed that any learning identified as a result of these audits is shared 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.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.3 Decontamination of reusable dental instruments

### Decontamination of reusable dental instruments

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

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool. A nailbrush was observed in the decontamination room and the dental nurse confirmed that this was used to manually clean instruments prior to decontamination. The practice manager was advised that HTM 01-05 indicates that a long handled brush should be used if manual scrubbing is required, and this should be cleaned and replaced in accordance with manufactures



instructions. Mr Haran confirmed by electronic mail to RQIA on 25 September 2018 that long handled brushes had been purchased.

A review of the most recent IPS audit, completed during March 2018, evidenced that the audit had been completed in a meaningful manner

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

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

Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. The equipment used in the decontamination process had not been appropriately validated. The practice manager confirmed that a validation date had been arranged for 24 September 2018. Mr Haran forwarded a copy of the validation certificates by electronic mail to RQIA on 25 September 2018. A written scheme of examination had been undertaken 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
<b>Areas for improvement</b>	0	0

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

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

A dedicated radiation protection file containing all relevant information was in place. Mr Haran the radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current. Review of the file evidenced that local rules were not dated or up

to date with current staff. Mr Haran forwarded an updated list with signatures and dates by electronic mail to RQIA on the 25 September 2018.

The practice manager confirmed that Mr Haran 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.

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.

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

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.5 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the practice manager who confirmed that the equality data collected was managed in line with best practice.

## 5.6 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients 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.



**5.7 Total number of areas for improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**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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