

Announced Care Inspection Report 8 January 2019



McDonough and Garrett Dental Care

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

Address: 107 Hamilton Road, Bangor, BT20 4LN

Tel No: 028 9127 0657

Inspector: Gerry Colgan

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 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

Organisation/Registered Providers: Mr David McDonough and Mrs Sheila Garrett	Registered Manager: Mr David McDonough
Person in charge at the time of inspection: Mr David McDonough	Date manager registered: 13 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 18 September 2017

The most recent inspection of McDonough and Garrett Dental Care 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 18 September 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
Area for improvement 1 Ref: Regulation 15 (1) (b) Stated: Second time	The registered person must ensure that the recommendations made by the appointed Radiation Protection Advisor (RPA) have been addressed.	Met
	Records to confirm that the recommendations have been addressed should be retained.	
	Action taken as confirmed during the inspection: A review of the radiation file confirmed that the recommendations made by the appointed RPA have all been addressed.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified as part of this inspection and ensure the improvements are sustained.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The findings of this inspection confirmed that the registered persons have reviewed the governance and oversight arrangements since the previous inspection and have given assurances that the improvements will be sustained.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011, and in line with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of staff training records confirmed that all staff have received training in safeguarding children and adults in February 2018 as outlined in the Minimum Standards for Dental Care and Treatment 2011, and in line with the NIASP training strategy (revised 2016).</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 25 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the wipeable wall covering in the decontamination room is either repaired or replaced to ensure the walls are sound and all joints appropriately sealed.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the decontamination room confirmed that the wipeable wall covering has been replaced to ensure the walls are sound and all joints appropriately sealed.</p>		

<p>Area for improvement 5</p> <p>Ref: Regulation 9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the statement of purpose and patient guide are kept under review, revised and updated to accurately reflect the organisational structure of the practice and arrangements for dealing with complaints.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the statement of purpose and patient guide confirmed that they are kept under review, revised and updated and accurately reflect the organisational structure of the practice and arrangements for dealing with complaints.</p>		
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the Infection Prevention Society HTM 01-05 audit is undertaken six monthly.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of audits confirmed that the Infection Prevention Society HTM 01-05 audit is undertaken every six months.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that justification and clinical evaluation recording audits are undertaken annually and recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of radiography audits confirmed that justification and clinical evaluation recording audits are undertaken six monthly and recorded.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 15</p> <p>Stated: First time</p>	<p>The registered person shall further develop the safeguarding and protection of adults and children at risk of harm policy in line with the regional policies, Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).</p> <p>The policy should include the types and indicators of abuse and distinct referral pathways, including the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise with an adult or child.</p>	<p>Met</p>
<p>Response by registered person detailing the actions taken:</p> <p>The safeguarding and protection of adults and children at risk of harm policy has been further developed in line with the regional guidance.</p> <p>The policy now includes the types and indicators of abuse and distinct referral pathways, including the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise with an adult or child.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p>	<p>The registered person shall ensure copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) are available for staff reference.</p>	<p>Met</p>
<p>Response by registered person detailing the actions taken:</p> <p>Copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) are contained in a safeguarding file and readily available for staff reference.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>The registered person shall review and update the policy and procedural guidance in relation to: management of medical emergencies to include: staff training; provision of equipment and emergency medicine; checking procedures; how to summon help; incident documentation and debriefing; and the protocols for dealing with Anaphylaxis, Asthma, Cardiac Emergencies, Epileptic Seizures, Hypoglycaemia and Syncope (Adult and Children).</p>	<p>Met</p>
<p>Response by registered person detailing the actions taken:</p> <p>The policy and procedural guidance in relation to management of medical emergencies has been reviewed and updated to include: staff training; provision of equipment and emergency medicine; checking procedures; how to summon help; incident documentation and debriefing; and the protocols for dealing with Anaphylaxis, Asthma, Cardiac Emergencies, Epileptic Seizures, Hypoglycaemia and Syncope (Adult and Children).</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 10</p> <p>Stated: First time</p>	<p>The registered person shall update policies and procedures to include the creation, storage, recording, retention and disposal of records; management arrangements; data protection; confidentiality and consent.</p>	<p>Met</p>
<p>Response by registered person detailing the actions taken:</p> <p>A review of the records management policy confirmed that they have been further developed to include the creation, storage, recording, retention and disposal of records; management arrangements; data protection; confidentiality and consent.</p>		

Area for improvement 7 Ref: Standard 10 Stated: First time	The registered person shall develop a statutory notification of incidents and deaths policy to guide and direct staff regarding the management of notifiable events, including ensuring that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.	Met
	Response by registered person detailing the actions taken: A review of policies confirmed that a statutory notification of incidents and deaths policy has been developed to guide and direct staff regarding the management of notifiable events, including ensuring that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.	

5.0 Inspection findings

An announced inspection took place on 8 January 2019 from 09.45 to 12.00.

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 McDonough, registered person, the practice manager and a dental nurse. 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. 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 October 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.

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 October 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

All the staff are involved in carrying out the audits. The practice manager confirmed that any learning identified as a result of these audits is shared immediately with staff, and discussed at the 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 refurbished 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 disinfectant 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 three surgeries, two of which have an intra-oral x-ray machine.

Mr McDonough, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a RPA and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr McDonough 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 in March 2018 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

Eighteen 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 patients indicated that they were very satisfied with each of these areas of their care. The following comments were included:

- “I have been with this practice since the 29 October 1951.”
- “An excellent dentist. I have been a patient for 30 years.”

Staff were invited to complete an on-line questionnaire. No members of staff submitted questionnaire responses to RQIA.

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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



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