



The Regulation and
Quality Improvement
Authority

Announced Inspection- Follow Up

Name of Establishment: McGarry Dental Surgery
Establishment ID No: 11595
Date of Inspection: 30 April 2014
Inspector's Name: Stephen O'Connor
Inspection No: 16713

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

Name of establishment:	McGarry Dental Surgery
Address:	101 Main Street Lisnaskea BT92 0JD
Telephone number:	028 6772 1459
Registered organisation / registered provider:	Mr Joseph McGarry
Registered manager:	Mr Joseph McGarry
Person in charge of the establishment at the time of Inspection:	Mr Joseph McGarry
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Announced Inspection 10 September 2013
Date and time of follow up inspection:	30 April 2014 09:55 – 10:45
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 aim of this announced inspection – follow up was to review the improvements made following the announced inspection undertaken on 10 September 2013, which focused on the decontamination aspect of HTM 01-05 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.

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

4.0 Methods/Process

- Review of the completed Quality Improvement Plan from inspection of 10 September 2013; returned to RQIA by Mr Joseph McGarry on 25 October 2013.
- Discussion with Mr Joseph McGarry, registered provider. .
- Examination of relevant records.
- Tour of the premises.
- 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 Inspection Focus

An announced follow-up inspection was undertaken to McGarry Dental Surgery as it had been identified during the inspection of 10 September 2013 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

6.0 Profile of Service

McGarry Dental Surgery is located within a former residential building which has been adapted for use as a dental surgery. It is located in Lisnaskea town centre. Private and on-street car parking is available for patients.

The establishment is not accessible for patients with a disability. However, arrangements are in place to accommodate patients with a disability who cannot access the surgery.

McGarry Dental Surgery operates three dental chairs, providing both private and NHS dental care. On the ground floor a waiting area, reception, one surgery and toilet facilities are available for patient use. On the first floor there are two surgeries, a recently established decontamination room, and a waiting area. Plans are in place to convert a storage room on the ground floor of the practice into a staff room. At the time of the inspection the conversion had not taken place.

Mr McGarry is supported by a team of staff including an associate dentist, dental nurses and a receptionist.

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

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

7.0 Summary of Inspection

This announced follow-up inspection of McGarry Dental Surgery was undertaken by Stephen O'Connor on 30 April 2014 between the hours of 9:55am and 10:45am. Mr Joseph McGarry, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

An announced follow-up inspection was undertaken to McGarry Dental Surgery as it had been identified during the announced inspection of 10 September 2013 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

The progress made towards compliance since the inspection on 10 September 2013 was reviewed during this inspection. Other requirements and recommendations made during the previous inspection were also reviewed.

The review of the arrangements in place for the decontamination of reusable dental instruments demonstrated that a significant amount of work has been undertaken to achieve compliance in this area.

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

Four requirements and four recommendations had previously been made in regards to the decontamination of dental instruments. Observation and discussion with Mr McGarry demonstrated that the four requirements and three of the four recommendations have been addressed and compliance achieved. The recommendation in regards to revisiting the Infection Prevention Society Audit Tool has not been addressed and is now stated for the second time.

Significant works have been completed in order to convert a staff room on the first floor of the practice into a dedicated decontamination room since the previous inspection. The layout of the room and equipment is in keeping with best practice as indicated in HTM 01-05. It was observed that the flooring is not coved or sealed at the edges. Best practice guidance as outlined in HTM 01-05 was discussed with Mr McGarry and a recommendation was made that the floors in the decontamination room and clinical areas should be sealed at the edges where they meet the walls and the kicker boards of the cabinetry.

Mr McGarry confirmed that all reusable dental instruments are being manually cleaned in the dedicated decontamination room prior to sterilisation. On the day of inspection it was observed that a washer disinfectant was available in the decontamination room. However Mr McGarry confirmed that the practice had only recently taken delivery of the washer disinfectant and that the installation and validation of the washer disinfectant was scheduled to be undertaken on the 7 May 2014. Following this inspection documentation confirming that the washer disinfectant was installed and validated on 7 May 2014 was forwarded

via email to the inspector, and Mr McGarry confirmed in the email that the use of the washer disinfectant has been incorporated into the decontamination cycle.

Significant progress has been made since the previous inspection in regards to the establishment of a dedicated decontamination room.

As discussed previously a recommendation was made during the inspection of the 10 September 2013 that the Infection Prevention Society (IPS) Audit Tool is revisited. Mr McGarry confirmed that the IPS audit tool has not been completed since the previous inspection. This recommendation is now stated for the second time.

Two recommendations, one of which is stated for the second time were made as a result of the announced inspection – follow up details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on Previous Issues

This was an announced - follow up inspection. The inspection was undertaken as it had been identified during the inspection of 10 September 2013 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

Four requirements had been made previously in relation to the decontamination of reusable dental instruments. The requirements related to The Independent Health Care Regulations (Northern Ireland) 2005.

The first requirement made was as follows:

Regulation 15 (3) – A dedicated decontamination room should be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

During the inspection on 10 September 2013, it was observed that a room on the first floor of the practice was being used to decontaminate reusable dental instruments. However, this decontamination room did not comply with best practice guidance as outlined in HTM 01-05 and the date for compliance with best practice had passed in November 2012. Mr McGarry was informed of the need to ensure compliance was achieved and a three month timescale was agreed.

Following the inspection on 10 September 2013 representatives from Health Estates at the Department of Health visited the practice and contributed to the development of plans for the refurbishment of the decontamination room. A significant amount of work has been undertaken to refurbish the decontamination room since the previous inspection.

However on the day of inspection the decontamination room was not fully operational as the washer disinfectant, although in place had not been installed and validated, and all reusable dental instruments were being manually cleaned. Following this inspection documentation confirming that the washer disinfectant was installed and validated on 7 May 2014 was forwarded via email to the inspector, and Mr McGarry confirmed in the email that the use of the washer disinfectant has been incorporated into the decontamination cycle. This is discussed further under requirement three.

The layout and equipment in the decontamination room is in keeping with best practice guidance. It was observed that the decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The dedicated decontamination room does not have a dedicated hand washing sink. Best practice in this regard was discussed with Mr McGarry who confirmed that pipework is in place to install a dedicated hand washing sink. Observation and discussion with Mr McGarry demonstrated that a dedicated hand washing sinks are available in both of the dental surgeries on the first floor. Mr McGarry confirmed that prior to commencing the decontamination process staff use the hand washing basin in the dental surgeries to wash their hands.

It was observed that the flooring in the decontamination room is not covered or sealed at the edges. Best practice in this regard was discussed with Mr McGarry and a recommendation was made.

This requirement has been addressed.

The second requirement made was as follows:

Regulation 15 (3) - The x-ray developer should be removed from the decontamination room and the room restricted to staff performing decontamination duties.

It was observed that the x-ray developer has been removed from the decontamination room. Mr McGarry confirmed that access to the decontamination room is restricted to staff performing decontamination duties.

This requirement has been addressed.

The third requirement made was as follows:

Regulation 15 (3) - It is required that a validated washer disinfector of adequate capacity is installed to remove the need for manual washing dental instruments.

During this inspection it was observed that a washer disinfector is in place in the decontamination room. However, Mr McGarry confirmed that it is not operational as the practice is waiting for a dental engineer to install and validate the machine. Mr McGarry confirmed that following installed, validation and staff training the washer disinfector will be used to process all compatible instruments. Mr McGarry confirmed that the validation of the machine is scheduled for the 7 May 2014. Following this inspection documentation confirming that the washer disinfector was installed and validated on 7 May 2014 was forwarded via email to the inspector, and Mr McGarry confirmed in the email that the use of the washer disinfector has been incorporated into the decontamination cycle.

This requirement has been addressed.

The fourth requirement made was as follows:

Regulation 15 (2) (b) - The sterilisers must be maintained and validated in line with HTM 01-05 or the manufacturer's instructions and records retained for inspection.

Mr McGarry was unclear as to whether the steriliser had been validated since the previous inspection. Following this inspection documentation confirming that the steriliser was validated on the 18 December 2013 was forwarded to the inspector via email.

This requirement has been addressed.

Previous Recommendations

The first recommendation made was as follows:

Minimum Standard 13.2 - Advice should be sought from Health Estates regarding the ventilation system in the decontamination room any recommendation(s) made should be addressed.

As discussed previously Mr McGarry confirmed that representatives from Health Estates at the Department of Health visited the practice and contributed to the development of refurbishment plans for the decontamination room.

This recommendation has been addressed.

The second recommendation made was as follows:

Minimum Standard 13 – An illuminated magnification device should be in place and be used to inspect instruments following cleaning as part of the decontamination process.

It was observed that an illuminated magnification device has been installed and Mr McGarry confirmed that it is used to inspect instruments following cleaning and prior to sterilisation in accordance with best practice guidance.

This recommendation has been addressed.

The third recommendation made was as follows:

Minimum Standard 13.2 - Ensure that all instruments wrapped following sterilisation are clearly dated with the 21 day use-by date, as outlined in Professional Estates Letter (PEL) (12) 23. A robust system should be established to ensure that the expiry date is not exceeded.

Observation and discussion with Mr McGarry demonstrated that instruments are stored in accordance with the storage timeframes as outlined in the revised 2013 edition of HTM 01-05.

This recommendation has been addressed.

The fourth recommendation made was as follows:

Minimum Standard 13 - Revisit the Infection Prevention Society Audit Tool which has been endorsed by the Department of Health. A time-scaled action plan should be developed to address any identified areas of non-compliance.

Mr McGarry confirmed that the Infection Prevention Society Audit Tool has not been revisited. Best practice guidance in this regard was discussed with Mr McGarry.

This recommendation has not been addressed and is now stated for the second time.

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr McGarry, 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Follow Up Announced Inspection
McGarry Dental Surgery



30 April 2014

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 Joseph McGarry 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	The floors in the decontamination room and clinical areas should be sealed at the edges where they meet the walls and the kicker boards of the cabinetry. Ref: 8.0	One	<u>Floors Sealed.</u>	One month
2	13	Revisit the Infection Prevention Society Audit Tool which has been endorsed by the Department of Health. A time-scaled action plan should be developed to address any identified areas of non-compliance. Ref: 8.0	Two	<u>Ongoing.</u>	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: 


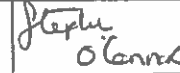
NAME: JOSEPH MCGARRY
 Registered Provider

DATE 20/5/14.

SIGNED: 

NAME: JOSEPH MCCARTY
 Registered Manager

DATE 20/5/14.

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓			28-05-14
B	Further information requested from provider	✓	✓		28-05-14