Announced Care Inspection Report
17 July 2018

McGonigle Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 2 Carlisle Villas, Mountjoy Road, Omagh, BT79 7AD
Tel No: 028 82242145
Inspector: Stephen O'Connor

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 Person: Mr Barry McGonigle	**Registered Manager:** Mr Barry McGonigle
Person in charge at the time of inspection: Mr Barry McGonigle	**Date manager registered:** 18 June 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 20 June 2017

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 20 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time	The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Once updated the policy should be shared with staff.	**Met**

	Action taken as confirmed during the inspection: Discussion with Mr McGonigle and review of documentation evidenced that one overarching safeguarding policy was in place for the safeguarding and protection of adults and children at risk of harm. This policy had been further developed following the previous care inspection to refer the reader to the regional best practice guidance documents and policy for the types and indicators of abuse.	
Area for improvement 2 **Ref**: Standard 9.4 **Stated:** First time	An anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties.	**Partially met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that a patient satisfaction survey had been developed. Mr McGonigle confirmed that the practice was in the process of distributing this to patients and that a report would be generated based on completed questionnaires. This area for improvement has not been fully addressed and has been stated for the second time.	

5.0 Inspection findings

An announced inspection took place on 17 July 2018 from 10:00 to 12:10.

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 McGonigle, registered person, and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr McGonigle 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 in the main emergency medicines in keeping with the British National Formulary (BNF) were retained. In keeping with the BNF dental practices should have three different doses of Adrenaline available to administer in the event of a medical emergency and they should have sufficient supply to administer a second dose to the same patient if required. It was observed that only two doses of Adrenaline were available and sufficient supply to administer a second dose if required was not available. This was discussed with Mr McGonigle, who readily agreed to increase the stock of Adrenaline in keeping with the BNF guidelines. An area for improvement against the regulations was made to address this. A discussion also took place in regards to the safe administration of Buccolam pre-filled syringes. Mr McGonigle provided assurances that Buccolam would be administered safely in the event of a medical emergency.

A review of arrangements in respect of the emergency equipment evidenced that, in the main equipment as recommended by the Resuscitation Council (UK) guidelines was retained. Mr McGonigle was advised that he should give consideration to providing paediatric pads for the automatic external defibrillator (AED).

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 June 2017. Mr McGonigle confirmed that he is in the process of scheduling medical emergency refresher training and that most staff in the practice have either completed hands on practical refresher training in other dental practices or completed online training in the interim period.

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 in the main this dental practice takes a proactive approach to this key patient safety area. The staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Adrenaline should be provided in the various doses as outlined in the BNF. Sufficient stock of Adrenaline should be available to administer a second dose to the same patient, if required.

	Regulations	Standards
Areas for improvement	**1**	**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 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.

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. An action plan had been generated to address the areas that required improvement.

The audits are usually carried out by a dental nurse. It was confirmed that the findings of the IPS audit are discussed with staff at staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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’. Staff 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. An area for improvement against the standards has been made to address this.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given 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

Review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. Individual risk assessments should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessments should be addressed.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 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.

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 had been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of 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.

Pressure vessels are required to be inspected in keeping with a written scheme of examination. The most recent pressure vessel inspection reports available for review were dated July 2016. Mr McGonigle confirmed that the pressure vessels had been inspected since July 2016; however the inspection reports could not be located. An area for improvement has been made against the standards in this regard.

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

A copy of the current pressure vessel inspection reports should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).

	Regulations	Standards
Areas for improvement	**0**	**1**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has an x-ray room with an intra-oral x-ray machine. The x-ray room also houses an orthopan tomogram machine (OPG), however, the OPG has been decommissioned.

Mr McGonigle 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. The radiation protection supervisor (RPS) 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.

Review of records evidenced that the most recent occasion x-ray quality grading audits and x-ray justification and clinical evaluation recording audits has been completed during March 2017. These audits should be completed six monthly and annually, respectively. An area for improvement has been made against the standards to address this.

Areas of good practice

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

Areas for improvement

X-ray audits should be completed in keeping with best practice and legislative requirements.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 McGonigle.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 19 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 either satisfied or very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- "It was very good."
- "The staff are always very friendly and show genuine empathy."
- "Very kind to elderly patients."
- "Great service each visit. All treatment well explained and where possible options provided."

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**4**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Barry McGonigle, registered person, as part of the inspection process. The timescales commence 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 actions taken to address the areas 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (6) **Stated:** First time **To be completed by:** **14 August 2018**	The registered person shall ensure that Adrenaline is available in the three doses as outlined in the British National Formulary (BNF). The practice should also have sufficient supply of Adrenaline to be able to administer a second dose to the same patient if required. Ref: 5.1
	Response by registered person detailing the actions taken: Adrenaline 1 in 1000 ampules purchased 1ml syringes and microlance needles. All now available in emergencey drug box. invoice emailed to stephen o connor as we cannot upload documents.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 9.4 **Stated:** Second time **To be completed by:** 11 September 2018	An anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties. Ref: 4.1
	Response by registered person detailing the actions taken: questionair distrubuted, completed and analysed. results emailed to stephen o connor
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** Second time	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

To be completed by: 11 September 2018	Ref: 5.2
	Response by registered person detailing the actions taken: Across the practice and for each dentist/surgery a renewed risk assessment has been carried out, training has been repeated for all clinical staff and our sharps policies reviewed and updated where nececessary.
Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time **To be completed by:** 11 September 2018	The registered person shall submit a copy of the current inspection report for the pressure vessels upon submission of this Quality Improvement Plan (QIP). Ref: 5.3
	Response by registered person detailing the actions taken: current copy of inspection emailed to stephen o connor
Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 11 September 2018	The registered person shall ensure that x-ray quality grading audits are completed at least six monthly and x-ray justification and clinical evaluation recording audits are completed at least annually. Ref: 5.4
	Response by registered person detailing the actions taken: each dentist has completed quality grading audits and x-ray justification and evaluation.

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

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