

Announced Care Inspection Report

28 May 2019



McGonigle Dental Practice

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

Address: 2 Carlisle Villas, Mountjoy Road, Omagh, BT79 7AD

Tel No: 028 8224 2145

Inspector: Steven Smith

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
- 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

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: 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 17 July 2018

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 17 July 2018

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 (6) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with Mr McGonigle and review of the emergency medicines confirmed that Adrenaline was available in the three doses as outlined in the BNF. The practice did not have sufficient supply of Adrenaline to be able to	

	administer a second dose to the same patient if required. Following the inspection RQIA received evidence to confirm that sufficient supply of adrenaline had been provided to administer a second dose if required.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 9.4 Stated: Second time	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with Mr McGonigle and review of records confirmed that an anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment had been generated within the last 12 month period. The report is available to patients and other interested parties in the reception area of the surgery.</p>	
Area for improvement 2 Ref: Standard 8.5 Stated: Second time	<p>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.</p>	Not met
	<p>Action taken as confirmed during the inspection: Discussion with Mr McGonigle and review of records confirmed that safer sharps are not being used in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment has not been undertaken for all dentists who do not use safer sharps.</p> <p>This area for improvement against the standards has not been met and is now stated against the regulations.</p>	
Area for improvement 3	The registered person shall submit a copy of	Met

Ref: Standard 14.4 Stated: First time	the current inspection report for the pressure vessels upon submission of this Quality Improvement Plan (QIP).	
	Action taken as confirmed during the inspection: Discussion with Mr McGonigle and review of records confirmed that a copy of the current inspection report for the pressure vessels was submitted in response to the original QIP dated 17 July 2018.	
Area for improvement 4 Ref: Standard 8.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with Mr McGonigle and review of records confirmed 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.	

5.0 Inspection findings

An announced inspection took place on 28 May 2019 from 10:00 to 12:30.

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, an associate dentist, a dental nurse and a dental receptionist. 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 emergency medicines, in general, were retained in keeping with the Health and Social Care Board (HSCB) guidance and BNF. As discussed in section 4.1 it was identified that Adrenaline was not supplied in sufficient quantities and doses as recommended by the BNF. A discussion took place with regards to the procedure for the safe administration of Adrenaline and Mr McGonigle agreed to increase the supply of Adrenaline accordingly. Following the inspection RQIA received evidence to confirm that a sufficient supply of adrenaline had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of a paediatric self-inflating bag with reservoir. Mr McGonigle was advised to obtain this item. Following the inspection RQIA received evidence to confirm that this item had been provided.

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 September 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 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. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr McGonigle 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. The ripped headrest on the identified dental chair should be repaired or replaced and keyboard covers or waterproof keyboards should be provided for the computers in the surgeries in keeping with best practice. An area for improvement against the standards has been made.

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 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by the lead dental nurse and Mr McGonigle confirmed that any learning identified as a result of these audits is shared at 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.

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. As discussed in section 4.1, sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards was stated for a second time in this regard during the previous care inspection, which remains unmet. Mr McGonigle readily agreed to complete a sharps risk assessment. An area for improvement against the regulations has been made.

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

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. 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.

The ripped headrest on the identified dental chair should be repaired or replaced. Keyboard covers or waterproof keyboards should be provided for the computers in the surgeries in keeping with best practice.

	Regulations	Standards
Areas for improvement	1	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 disinfectant 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 an x-ray room with an intra-oral x-ray machine.

Mr McGonigle, as 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. Mr McGonigle 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, completed during September 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

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included 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. Mr McGonigle confirmed that whilst the practice has not received a patient complaint since 2013, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary.

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 McGonigle 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 Mr McGonigle.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. The majority of patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The majority of patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Came as new patient last year. Highly recommend this surgery”.
- “No issues. Very satisfied with care”.
- “Great practice and lovely staff”.

Three staff members submitted questionnaire responses to RQIA. All indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were either very satisfied or satisfied with each of these areas of patient care.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

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 McGonigle 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	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of

<p>Ref: Regulation 15 (7)</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2019</p>	<p>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.</p> <p>This risk assessment must be provided to RQIA on return of the QIP.</p> <p>Ref: 4.1 and 5.3</p>
	<p>Response by registered person detailing the actions taken: Sharps risk assessment carried out by individual dentists and master copy countersigned by each and retained in practice (copy forwarded by email)</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2019</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • The ripped headrest on the identified dental chair is repaired or replaced • Keyboard covers or waterproof keyboards are provided for all computers in the surgeries <p>Ref: 5.3</p> <p>Response by registered person detailing the actions taken: Headrest sent for repair as dentist on Holiday and patient care not disrupted. to be fitted 1st week of July.</p> <p>Keyboard covers have been purchased, awaiting arrival</p>

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



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