

# Announced Care and Variation to Registration Inspection Report 24 October 2018



## Mullan Gallagher Dental Care

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

**Address: 35 St Patricks Avenue, Downpatrick BT30 6DW**

**Tel No: 028 4461 2231**

**Inspector: Norma Munn**

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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 six registered places.

## 3.0 Service details

|                                                                            |                                                    |
|----------------------------------------------------------------------------|----------------------------------------------------|
| <b>Organisation/Registered Provider:</b><br>Mrs Ciara Gallagher            | <b>Registered Manager:</b><br>Mrs Mary Deeny       |
| <b>Person in charge at the time of inspection:</b><br>Mrs Mary Deeny       | <b>Date manager registered:</b><br>16 January 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment | <b>Number of registered places:</b><br>6           |

## 4.0 Action/enforcement taken following the most recent inspection dated 20 February 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 20 February 2018

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

### 5.0 Inspection findings

A combined care announced and variation to registration inspection took place on 24 October 2018 from 10.00 to 13.40.

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).

An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mrs Ciara Gallagher, registered person. The application was to increase the number of registered dental chairs from six to seven, to provide a new waiting area and for the installation of an orthopan tomogram machine (OPG) in a dedicated room. The application also included changing the name of the practice from Mullan Gallagher Dental Group to Mullan Gallagher Dental Care.

The inspection focused on the themes for the 2018/19 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the application of variation. The variation to registration was approved from a care perspective following this inspection.

Mr Gavin Doherty, estates inspector, completed a desktop review of the application and has been in contact with the practice and requested specific documents in relation to the premises to be submitted for review. While the care inspector was satisfied with the new arrangements associated with the variation application, confirmation that the building works have been completed in compliance with Building Regulations has not been received by RQIA therefore this application to the variation to registration has not been approved from an estates perspective.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Ciara Gallagher, registered person, Mrs Mary Deeny, registered manager, two associate dentists and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Deeny, registered 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 general were provided in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Adrenaline medicine was not provided in sufficient quantities and doses as recommended by the HSCB and BNF. A discussion took place in regards to the procedure for the safe administration of Adrenaline and the various doses and quantities as recommended. Mrs Gallagher was advised to increase the supply of Adrenaline and following the inspection RQIA received photographic evidence to confirm that the supply of Adrenaline had been increased.

Some medicines were stored out of their original containers, were not appropriately labelled and the patient information leaflet was not available. Following the inspection RQIA received photographic evidence to confirm that this had been addressed.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. A review of records confirmed that the checking of expiry dates had been carried out on a four monthly basis. This was discussed and it was advised that the frequency of these checks should be increased to a minimum of monthly. Mrs Deeny agreed to action this following the inspection.

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.

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 further areas for improvement were identified during the inspection.

|                              | Regulations | Standards |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | 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 arrangements in relation to the newly established dental surgery were reviewed. The flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in the new surgery. A laminated /wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bin in the surgery was in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

It was identified that infection control audits had been completed however Mrs Deeny confirmed that she was not aware that the Infection Prevention Society (IPS) audit tool should be completed in accordance with Health Technical Memorandum (HTM) 01-05: Decontamination in Primary Care Dental Practices. RQIA shared a copy of the IPS audit tool with the practice and Mrs Deeny gave assurances that the IPS audit would be completed following the inspection and six monthly thereafter. It was advised that any learning identified as a result of these audits should be shared with all staff and discussed 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.

**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 further areas for improvement were identified during the inspection.

|                              | Regulations | Standards |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | 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.

As previously discussed, the processes in respect of the decontamination of reusable dental instruments will be 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. It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgery.

Appropriate equipment, including two washer disinfectors, a DAC Universal and three steam sterilisers, has been provided to meet the practice requirements. Mrs Deeny confirmed that the equipment used in the decontamination process had been appropriately validated. Evidence of the validation was available to review with the exception of the DAC Universal. Following the inspection RQIA received evidence that the DAC Universal had been validated. The pressure vessels had been 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 were 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 increased from six to seven surgeries, each surgery has an intra-oral x-ray machine one of which has been newly installed. An OPG machine has also been newly installed in a separate room.

It was confirmed that the newly installed intra-oral x-ray machine and OPG machine are under manufacturer’s warranty and will be serviced and maintained in keeping with the manufacturer’s instructions.

The radiation protection supervisor (RPS) for the practice 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 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 visit carried out in January 2018 in respect of six of the intra-oral x-ray machines by the RPA demonstrated that any recommendations made have been addressed.

It was confirmed that a critical examination and acceptance test of the newly installed intra-oral x-ray machine and OPG machine had been undertaken by the RPA during October 2018. The RPS confirmed that most of the recommendations made had been addressed and following the inspection RQIA received confirmation that any outstanding recommendations in respect of the new equipment had been actioned.

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 further areas for improvement were identified during the inspection.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 0         |

**5.5 Additional areas examined**

**Statement of purpose**

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

**Patient guide**

A patient guide was prepared in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.



## Recruitment of staff

Discussion with Mrs Deeny and a review of the application for variation confirmed that two new dentists had commenced employment in respect of the additional surgery. A review of the personnel files for these staff members demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. Details of full employment history had not been retained in both of the files reviewed and a criminal conviction declaration had not been retained in one of the files reviewed. Following the inspection RQIA received confirmation that this information had been sought and retained for the identified staff members. It was advised that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for any new staff employed in the future.

Records of inductions and copies of job descriptions for the two newly appointed dentists were not available to review on the day of the inspection however RQIA received confirmation following the inspection that inductions had been completed and copies of job descriptions issued to the staff.

## Environment

The environment was maintained to a high standard of maintenance and décor. Since the previous inspection a new patient waiting area and additional surgery has been provided and decorated to a high standard.

Mr Gavin Doherty, RQIA estates inspector has been in contact with the practice prior to and following the inspection and requested specific documents in relation to the premises to be submitted for review. Confirmation that the building works have been completed in compliance with Building Regulations has not been received by RQIA therefore the application to the variation to registration has not been approved from an estates perspective.

### 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 staff.

### 5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. The majority 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. Seventeen patients indicated that they were either satisfied or very satisfied; one patient was undecided and one patient indicated that they were very unsatisfied in relation to each of these areas of their care. There were no comments made in relation to their level of dissatisfaction.

Comments included in the submitted questionnaire responses were as follows:

- “All excellent.”
- “Very happy, staff always very efficient and helpful.”
- “Very professional and friendly overall service making the dentist much less intimidating.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Two staff submitted questionnaire responses and both indicated they were very unsatisfied in relation to patient care and that the service was well led, however there were no comments made in relation to their level of dissatisfaction.

**5.7 Total number of areas for improvement**

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

**5.8 Conclusion**

The care inspector was satisfied with the new arrangements associated with the variation application; however the variation cannot be approved from an estates perspective before receiving the relevant approval from the Local Authority Building Control Department. Mrs Gallagher and Mrs Deeny are aware that the variation to registration application also includes approval from a premises perspective.

**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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