Announced Care Inspection Report
11 September 2018

O'Hagan & Murray Ltd Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 22 Church Square, Rathfriland BT34 5PT
Tel No: 028 4063 8733
Inspector: Norma Munn

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 one registered place.

Organisation/Registered Provider: O'Hagan & Murray Ltd **Responsible Individuals:** Mr Seamus O'Hagan Mr John Murray	**Registered Manager:** Mr Seamus O'Hagan
Person in charge at the time of inspection: Mr Seamus O'Hagan	**Date manager registered:** 5 June 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 1

4.0 Action/enforcement taken following the most recent inspection dated 08 January 2018

The most recent inspection of O'Hagan & Murray Ltd Dental Surgery 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 08 January 2018

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

5.0 Inspection findings

An announced inspection took place on 11 September 2018 from 14.00 to 15.30.

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 Seamus O'Hagan, registered person, and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr O'Hagan 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 were provided in keeping with British National Formulary (BNF). It was identified that Buccolam medication was not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) guidance and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities as recommended by the HSCB and the BNF. Mr O'Hagan agreed to review and increase the supply of Buccolam. An area for improvement against the standards has been made.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. A revised expiry date had not been recorded on the Glucagon medication which was stored out of the fridge. Mr O'Hagan was advised that, as per manufacturer's instructions, if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. Following the inspection RQIA received confirmation that this had been addressed.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). Mr O'Hagan confirmed that an arrangement is in place to access an AED in close proximity to the practice. A discussion took place regarding the accessibility of this AED in a timely manner. It was confirmed that this AED can be accessed by the dental practice within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

Relative analgesia (RA) is offered in this practice as a form of sedation. Mr O'Hagan confirmed that the RA machine had been serviced during February 2018. It was also confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with the Department of Health (DOH) guidance issued on 6 September 2017.

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 November 2017.

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 ensures that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Provide Buccolam in sufficient quantities and doses as recommended by the HSCB and the BNF.

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

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 and tidy. There was a ripped area observed on the operators chair and Mr O'Hagan agreed to ensure that this is either repaired or replaced.

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 June 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 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'. Mr O'Hagan 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. It was advised that consideration should be given to using safer sharps. Following the inspection RQIA received confirmation that a risk assessment had been completed on the management of sharps and shared with all staff.

Areas of good practice

A review of the current arrangements in respect of infection prevention and control practices confirmed that 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
Areas for improvement	**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.

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.

As discussed a review of the most recent IPS audit, completed during June 2018, evidenced that the audit 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 DAC Universal and a steam steriliser, 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. A review of 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
Areas for improvement	**0**	**0**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has one surgery, which has an intra-oral x-ray unit.

A review of the radiation protection file and local rules identified Mr O'Hagan as being the radiation protection supervisor (RPS).

Mr O'Hagan 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 O'Hagan confirmed that he 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 during February 2017 by the RPA demonstrated that the recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The practice 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 Mr O'Hagan.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. Sixteen of the patients indicated that their care was safe and effective, that they were treated with compassion and that the service was well led and were very satisfied with each of these areas of their care. Three of the patients indicated that they were very unsatisfied with each of these areas of care. The submitted questionnaires were discussed with Mr O'Hagan during the inspection. No comments were included in the submitted questionnaire responses.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Three staff submitted questionnaire responses to RQIA and indicated that they were very unsatisfied in relation to safe, effective, compassion care and that the service was well led. However, all staff spoken with during the inspection spoke about the practice in positive terms and no staff expressed any concerns or indicated that they were dissatisfied.

The staff questionnaire responses were shared with Mr O'Hagan following the inspection and Mr O'Hagan confirmed that the staff questionnaire responses would be discussed with staff.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr O'Hagan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The registered persons shall provide Buccolam in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF). Ref: 6.4
To be completed by: 25 September 2018	**Response by registered person detailing the actions taken:** An added prescription of 5mg and 2.5mg of Buccolam has been added to our medication box.

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

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