Announced Care Inspection Report
21 November 2019

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 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, if applicable
- 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, if applicable

2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

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

4.0 Action/enforcement taken following the most recent inspection dated 11 September 2018

The most recent inspection of the establishment was an announced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 11 September 2018

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 12.4 **Stated:** First time	The registered person shall provide Buccolam in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF).	**Not met**
	Action taken as confirmed during the inspection: Review of the supply of Buccolam and discussion with Mr O'Hagan confirmed that whilst the practice had increased the supply of Buccolam since the previous inspection there still was insufficient Buccolam provided as	

	recommended by the HSCB. This was discussed and Mr O'Hagan agreed to increase the supply accordingly. This is discussed further in section 5.1. This area for improvement has not been addressed and has been stated for a second time.	

5.0 Inspection findings

An announced inspection took place on 21 November 2019 from 10.00 to 12.45.

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, responsible individual, and two dental nurses. A tour of the premises was also undertaken.

Four areas for improvement have been identified. One area for improvement made during the previous inspection against the standards in relation to the supply of Buccolam has been stated for the second time. Three further areas for improvement have been made against the standards in relation to ensuring that emergency medicines and equipment do not exceed their expiry date, undertaking conscious sedation training and addressing infection prevention and control issues.

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 general emergency medicines were retained in keeping with the BNF. It was identified during the previous inspection that insufficient Buccolam had been provided and an area for improvement against the standards had been made. Mr O'Hagan confirmed that the practice had increased the supply of Buccolam since the previous inspection however; there was still insufficient Buccolam as recommended by the HSCB and the BNF. Buccolam had been provided as follows: 2 x 2.5 mg and 2 x 5mg, in prefilled syringes and there was no provision to be able to administer a second dose of 10mg if required. This was discussed and Mr O'Hagan agreed to increase the supply accordingly. This area for improvement has not been addressed and has been stated for a second time.

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. Mr O'Hagan confirmed that this AED can be accessed by the dental practice within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the Glucagon expiry date was not accurately recorded on the emergency medicines check list and several syringes and needles were observed to have exceeded their expiry dates. It was advised that a more robust system was in put in place to ensure that emergency medicines and equipment do not exceed their expiry date. An area for improvement against the standards has been made.

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 December 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 this dental practice in general 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

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

A more robust system should be developed to ensure that emergency medicines and equipment do not exceed their expiry dates.

	Regulations	Standards
Areas for improvement	0	2

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 O'Hagan confirmed that conscious sedation is provided in the form of inhalation sedation, known as relative analgesia (RA).

A policy and procedure in relation to the management of conscious sedation was in place.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that not all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. An area for improvement against the standards has been made.

A review of records and discussion with Mr O'Hagan confirmed that the RA equipment has been sent to be serviced in keeping with manufacturer's instructions. Mr O'Hagan confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that in general all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

All members of the dental team providing treatment under conscious sedation should have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection.

	Regulations	Standards
Areas for improvement	0	1

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 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 2019, evidenced that the audit had identified both areas of good practice and areas that require to be improved.

It was confirmed that an action plan is developed and embedded into practice when shortfalls are identified during the audit process.

The audits are carried out by one of the dental nurses and any learning identified as a result of these audits is shared with staff during 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.

Mr O'Hagan confirmed that no new staff had been recruited since the previous inspection. Mr O'Hagan was informed that all new clinical staff members new to dentistry recruited in the future should be referred to occupational health and a record is to be retained to evidence the Hepatitis B vaccination in keeping with best practice guidance.

Issues identified in relation to infection prevention and control should be addressed as follows:

- any surgical hand soap that has exceeded its expiry date should be disposed of
- the clinical waste bin in the surgery should be either foot or sensor operated in keeping with best practice

An area for improvement against the standards 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

Address the infection prevention and control issues identified.

	Regulations	Standards
Areas for improvement	0	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. Staff were reminded to ensure that the expiry date is recorded on all sterilised wrapped instruments in keeping with 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 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 one surgery, which has an intra-oral x-ray machine.

Mr O'Hagan as the 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 O'Hagan 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.

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. Mr O'Hagan was advised to review the policy to include reference to the General Dental Council (GDC) and RQIA in accordance with legislation and DoH guidance on complaints handling. Mr O'Hagan confirmed that patients and/or their representatives were made aware of how to make a complaint by way of information on display in the practice. Discussion with staff confirmed that were knowledgeable about how to respond to complaints.

Mr O'Hagan confirmed that there have been no complaints received since the previous inspection of the practice. However, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mr O'Hagan was advised to ensure that 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. Mr O'Hagan confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

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 O'Hagan, responsible individual, works in this practice and also works in O'Hagan and Murray Limited Dental Practice in Newry. Mr O'Hagan is available and is in day to day charge of this 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 O'Hagan and staff.

5.9 Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All 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. All of the patients indicated that they were either satisfied or very satisfied with each of these areas of their care.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	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 O'Hagan 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** Second time **To be completed by:** 28 November 2019	The registered person 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: 4.1 and 5.1
	Response by registered person detailing the actions taken: Sufficient Buccolam as recommended by HSCB is now in place and recorded.
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 21 December 2019	The registered person shall develop a more robust system to ensure that emergency medicines and equipment do not exceed their expiry date. Ref: 5.1
	Response by registered person detailing the actions taken: A more robust system is now in place with a monthly review of all medicines and equipment checked and recorded.
Area for improvement 3 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 21 December 2019	The registered person shall ensure that all members of the dental team providing treatment under Conscious Sedation have received training in keeping with Conscious Sedation in the Provision of Dental Care (2003). Ref: 5.2
	Response by registered person detailing the actions taken: Some of the staff are hoping to attend an upcoming course and who is

	unable to make it will do an online course, all will be recorded by each individual on their cpd log sheets.
Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 28 November 2019	The registered person shall ensure that the infection prevention and control issues identified as follows are addressed: • any surgical hand soap that has exceeded its expiry date should be disposed of • the clinical waste bin in the surgery should be either foot or sensor operated in keeping with best practice Ref: 5.3
	Response by registered person detailing the actions taken: New hand soap is in place and date of expiry noted. New foot operated bins have been ordered.

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

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