Announced Variation to Registration Inspection Report
8 July 2020

Rathfriland Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 40 John Street, Rathfriland,
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Tel No: 028 4063 8733
Inspectors: Steven Smith and Gavin Doherty

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 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- governance arrangements and review of the Regulation 26 report, as applicable; and
- review of areas for improvement identified during the previous care 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 and Murray Limited **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 manager
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** One (increasing to two following this inspection)

4.0 Action/enforcement taken following the most recent inspection dated 21 November 2019

The most recent inspection of O'Hagan & Murray Ltd Dental Surgery Rathfriland 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 21 November 2019

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:** Second 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).	**Met**
	Action taken as confirmed during the inspection: We confirmed that Buccolam was provided in sufficient quantities and doses as recommended by the HSCB and the BNF.	

Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall develop a more robust system to ensure that emergency medicines and equipment do not exceed their expiry date.	**Met**
	Action taken as confirmed during the inspection: We confirmed that a robust system had been implemented to ensure that emergency medicines and equipment do not exceed their expiry date. We reviewed the expiry date checklist and found that it included all emergency medicines and equipment.	
Area for improvement 3 **Ref**: Standard 8.6 **Stated:** First time	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).	**Met**
	Action taken as confirmed during the inspection: Mr O'Hagan told us that the practice ceased providing conscious sedation during March 2020. We identified during the previous inspection that the practice provided conscious sedation in the form of inhalation sedation, known as relative analgesia (RA). We noted that in the new premises a distribution system to administer medical gasses used during RA sedation and the administration unit have not been installed. Compliance with this area for improvement is no longer required.	
Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time	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	**Met**
	Action taken as confirmed during the inspection: We confirmed that the clinical waste bins in the surgeries were foot operated and that the liquid soap in the dispensers was within the specified expiry date.	

5.0 Inspection summary

We undertook a combined announced and variation to registration inspection on 08 July 2020 from 10.00 to 13.00.

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).

This practice was initially registered with Regulation and Quality Improvement Authority (RQIA) on 08 January 2013 as O'Hagan & Murray Ltd Dental Surgery Rathfriland, with one dental surgery. A variation to registration application was submitted to RQIA by Mr Seamus O'Hagan, Responsible Individual. The application was to relocate the practice to a new purpose built building and to increase the number of registered dental chairs from one to two. The new dental practice will operate under the name of Rathfriland Dental Centre.

We employed a multidisciplinary inspection methodology during this inspection. Mr Gavin Doherty, RQIA estates inspector reviewed matters relating to the premises; additional information in this regard can be found in section 6.10 of this report.

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year and to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

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

We undertook a tour of the new premises, met with Mr Seamus O'Hagan and Mr John Murray, Responsible Individuals and a dental nurse; reviewed relevant records and documents in relation to the new premises and the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies, infection prevention and control and decontamination; the practices adherence to best practice guidance in relation to COVID-19 and the arrangements in relation to radiology.

No immediate concerns were identified in relation to delivery of front line patient care. One area for improvement in relation to the validation of the DAC Universal has been made.

The variation to registration application to relocate the practice to new premises and to increase the number of registered dental chairs from one to two was approved from a care and estates perspective following this inspection.

The findings of the inspection were provided to Mr O'Hagan and Mr Murray at the conclusion of the inspection.

5.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	1

One area for improvement was identified against the standards in relation to the validation and certification of the DAC Universal equipment.

6.0 Inspection Findings

6.1 Management of operations in response to COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Mr O'Hagan, and application of the Health and Social Care Board (HSCB) operational guidance. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice

We confirmed the practice had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced cross-infection control procedures; and the patient pathway.

Areas for improvement

No areas for improvement were identified during the inspection.

6.2 Management of medical emergencies

Management of medical emergencies

We reviewed the arrangements for the management of a medical emergency. We confirmed that all emergency medicines as specified within the BNF for use in the event of a medical emergency in a dental practice were available. We also noted that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). Mr O'Hagan told us that the practice has access to a community AED which can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines. Mr O'Hagan confirmed that all staff are aware of how to access the community AED.

As discussed in section 4.1 of this report we confirmed there was a robust system in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

We reviewed staff training records and spoke with staff who confirmed that the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during January 2020. We found that this training included first aid and also scenario based exercises to simulate medical emergencies that have the potential to occur in a dental practice. These included anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration and adrenaline insufficiency. Staff told us that they also participated in cardiopulmonary resuscitation (CPR) and basic airway management including the use of an AED during this training session.

Staff demonstrated good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment was in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice

As stated above, good practice was identified in respect of the management of medical emergencies.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control

Infection prevention and control (IPC)

We reviewed the arrangements for IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. The practice was closed for a short period of time in order to facilitate the transition from the previous premises to the new purpose built building and was non-operational during the inspection. We undertook a tour of the new premises and noted that all building works had been completed to a high standard of specification and décor in all areas. All areas of the practice were fully equipped to meet the needs of patients.

We noted that detailed cleaning schedules have been developed to include all areas of the practice which will be signed on completion. We observed a colour coded cleaning system was in place and colour coded cleaning equipment had been provided.

We reviewed the finish in relation to the two new dental surgeries. We noted that the flooring in the surgeries was impervious and coved where it meets the walls; the surgeries were tidy and uncluttered and work surfaces were intact and easy to clean. Cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices.

We observed that a dedicated hand washing basin was available in each surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to each hand washing basin. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available. Personal protective equipment (PPE) was readily available in keeping with best practice guidance.

We observed that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. Mr Murray told us that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff told us that both dental chairs operate independent bottled-water systems which are subject to the same disinfection and maintenance regime. We confirmed that the dental unit water lines (DUWLs) were being appropriately managed.

We observed that clinical waste bins in the surgeries were foot operated in keeping with best practice guidance. We confirmed that appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste.

We confirmed the practice will continue 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.

As the dental practice was not yet operational, an IPS audit had not yet been completed. Mr O'Hagan told us the IPS audit will be undertaken at the earliest practical opportunity to establish a baseline which will inform staff. Staff spoken with confirmed that IPS audits were previously completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff also told us that the outcome of the audit was discussed during regular staff meetings. Mr O'Hagan told us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that conventional needles and syringes were used by dentists when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as is reasonably practicable. We confirmed that a risk assessment had been undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. We discussed best practice in respect of sharps with Mr O'Hagan and staff and reinforced that it is the responsibility of the user of the sharp to safely dispose of it.

We reviewed training records and evidenced that staff had received IPC training commensurate with their roles and responsibilities. Staff spoken with demonstrated a good knowledge and understanding of IPC procedures.

We reviewed personnel records and confirmed that that evidence of the Hepatitis B vaccination status of clinical staff had been retained. These records had either been generated by the staff member's GP or by an occupational health department. Mr O'Hagan told us that all newly recruited clinical staff members, new to dentistry, would be automatically referred to occupational health.

Areas of good practice

We found that the current practices in respect of infection prevention and control were good and were being actively reviewed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

We reviewed the arrangements in relation to the decontamination of reusable dental instruments. We observed a decontamination room separate from patient treatment areas and dedicated to the decontamination process. We confirmed the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

Mr O'Hagan told us that 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. As previously discussed, an IPS audit will be completed when the practice becomes operational, and Mr O'Hagan confirmed that it will be completed every six months.

We found arrangements were in place to ensure staff received training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

We noted appropriate equipment, including a washer disinfector, a steam steriliser and a DAC Universal, had been provided to meet the practice requirements. We confirmed that the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination with the exception of the DAC Universal. An area for improvement against the standards was made in this regard. We reviewed equipment logbooks and discussed periodic testing with staff and evidenced that periodic tests will be undertaken and recorded in keeping with HTM 01-05 once the practice is operational.

We found that staff were aware of what practice equipment should be treated as single use and what equipment is suitable for decontamination. We confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was 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

An area for improvement was identified to ensure that the DAC Universal was appropriately validated and the record retained.

	Regulations	Standards
Areas for improvement	0	1

6.5 Radiology and radiation safety

Radiology and radiation safety

We reviewed the arrangements in relation to radiology and radiation safety. We confirmed that both surgeries had an intra-oral x-ray machine.

We reviewed records that identified Mr O'Hagan as the radiation protection supervisor (RPS). Mr O'Hagan was aware of the most recent changes to the legislation surrounding radiology and radiation safety. We confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

We noted a dedicated radiation protection file containing all relevant information was in place. We confirmed that Mr O'Hagan regularly reviews the information contained within the file to ensure that it is current.

Following installation, x-ray producing equipment is subject to a critical examination and acceptance test in accordance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018. We noted that this was completed during June 2020 and confirmed that the critical examination report had been reviewed and endorsed by the RPA.

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 on 26 June 2020, demonstrated that the recommendations made had yet to be addressed. Given the time-frames involved, Mr O'Hagan readily agreed to ensure that the identified recommendations were addressed without delay.

The new intra-oral x-ray machines are under manufacturer's warranty and Mr O'Hagan confirmed that they will be serviced and maintained in keeping with the manufacturer's instructions.

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

Review of records and discussion with Mr O'Hagan confirmed that all dentists take 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

6.6 Visits by the Registered Provider (Regulation 26)

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 by the Registered Provider must be undertaken and documented every six months. Mr O'Hagan is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

6.7 Equality data

Equality data

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 which demonstrated that equality data collected was in line with best practice.

6.8 Patient and staff views

The practice is not currently operational and as a result patient questionnaires were not distributed prior to the inspection.

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

6.9 Additional areas examined

Statement of purpose

We reviewed the statement of purpose and confirmed it 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. The statement of purpose had been updated to reflect the change of practice location and the additional dental chair.

Patient guide

We reviewed the patient guide and confirmed it 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. The patient guide had also been updated to reflect the change of practice location and the additional dental chair.

Policies and procedures

We found a range of policies and procedures were in place that had been localised to the practice. Policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures had been developed.

6.10 Environment

Prior to the inspection we reviewed a range of information relevant to the service. These included the following records:

- Building Control approvals for plans and the final completion certificate;
- Planning Approvals;
- Floor plans for the premises;
- Fire Risk Assessment; and
- Mechanical & Electrical design installation and commissioning documentation.

We found that all the required statutory approvals were in place, and that the processes required to maintain these approvals were also in place at the time of the inspection.

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. The premises were found to have been completed to a high standard throughout and no further requirements or recommendations have been made in respect of the premises.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.11 Total number of areas for improvement

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

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Seamus O'Hagan, Responsible Individual 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 the standards this may lead to further enforcement action. It is the responsibility of the Registered Person to ensure that the area for improvement identified within the QIP is 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.

7.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the area 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 13.4 **Stated:** First time **To be completed by:** 08 August 2020	The Responsible Individual shall ensure that the DAC Universal is appropriately validated; records should be retained. Ref: 6.4
	Response by Registered Person detailing the actions taken: A new validation certificate was requested for the DAC due to movement of surgery, this was carried out on 1.9.20. Seamus O'Hagan

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

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