

Announced Care Inspection Report 4 November 2020



O'Hagan and Murray Ltd Dental Practice Newry

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 10 Trevor Hill, Newry BT34 1DN
Tel No: 028 3026 2057
Inspector: Winnie Maguire

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 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 report of the visits undertaken by the Registered Provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where applicable).

2.0 Profile of service

O'Hagan and Murray Dental Surgery is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has four registered dental surgeries and provides general dental services.

3.0 Service details

Organisation/Registered Provider: O'Hagan & Murray Ltd Dental Surgery Responsible Individual: Mr Seamus O'Hagan	Registered Manager: Mr John Murray
Person in charge at the time of inspection: Mr John Murray	Date manager registered: 26 September 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

4.0 Inspection summary

We undertook an announced inspection on 4 November 2020 from 09:00 to 11:15 hours.

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).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of some of the premises; met with Mr John Murray, Registered Manager, and a senior dental nurse; and reviewed relevant records and documents in relation to 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; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr John Murray, Registered Manager, as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 November 2019

The most recent inspection of O'Hagan and Murray Dental Surgery was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.3 Review of areas for improvement from the last care inspection dated 19 November 2019

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 38 (a) Stated: Second time	The registered person shall ensure that 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 Conscious Sedation in the Provision of Dental Care (2003).	No longer relevant
	Action taken as confirmed during the inspection: We confirmed that O'Hagan and Murray Dental Surgery no longer provides conscious sedation and that Mr John Murray is aware that if the practice intends to re-commence the provision of conscious sedation they must ensure that that 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 Conscious Sedation in the Provision of Dental Care (2003).	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff who commence work in the future.	Met
	Action taken as confirmed during the inspection: We confirmed that one new member of staff had commenced employment since the last inspection. Review of this member's staff personnel file found not all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was retained. We provided the practice with a recruitment checklist based on Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 to assist in the recruitment process. Following inspection all outstanding recruitment information for the new member of staff was submitted to RQIA. We confirmed that this information is now held on the new member of staff's personnel file. We received assurances that the checklist provided would be used to ensure future strict adherence to the regulations.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	The registered person shall develop a conscious sedation policy and procedure in keeping with best practice that relates to the services offered within O'Hagan and Murray Dental Practice Ltd.	No longer relevant
	Action taken as confirmed during the inspection: As previously stated we confirmed that the practice no longer provides conscious sedation.	

<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that accurate and contemporaneous records are maintained for each patient undergoing conscious sedation treatment in keeping with Conscious Sedation in the Provision of Dental Care (2003).</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>As previously stated we confirmed that the practice no longer provides conscious sedation however clinical records are accurately and contemporaneously completed.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust procedures are in place to ensure the management of medicines and equipment in relation to conscious sedation is in keeping with Conscious Sedation in The Provision of Dental Care (2003).</p>	No longer relevant
<p>Action taken as confirmed during the inspection:</p> <p>As previously stated we confirmed that the practice no longer provides conscious sedation.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified as follows are addressed:</p> <ul style="list-style-type: none"> • Any surgical hand soap that has exceeded its expiry date should be disposed of. • The clinical waste bin in the surgeries should be accessible either foot or sensor operated in keeping with best practice. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>We observed that surgical hand soap had not exceeded its expiry date and the clinical waste bin in the surgeries is foot operated in keeping with best practice</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person should ensure that the radiation protection file is regularly reviewed to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>We confirmed that Mr Murray, the radiation protection supervisor, has reviewed the radiation protection file to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date.</p>	
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5.0 How we inspect

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. Returned completed patient questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report. No completed staff questionnaires were received.

During the inspection, we spoke with Mr Murray, Registered Manager and a senior dental nurse.

The findings of the inspection were provided to Mr Murray at the conclusion of the inspection.

6.0 Inspection findings

6.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Mr Murray and a senior dental nurse, 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. We were informed that staff had completed training in accordance to Covid-19 guidance; however, there were no training records evidencing this. Following the inspection we received evidence that training records had been established and a training programme fully outlined.

Areas of good practice: Management of operations in response to COVID-19 pandemic

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 infection prevention and control procedures; and the patient pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 Management of medical emergencies

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available, with the exception of paediatric pads for the automated external defibrillator (AED). Following the inspection we received evidence that paediatric pads for the AED had been ordered.

We noted a system was 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 spoke with staff who told us 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 scenario-based exercises that simulated 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 who spoke with us demonstrated a 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 were in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement: Management of medical emergencies

We identified no areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the new premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all areas of the practice were fully equipped to meet the needs of patients.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed an overview 'fit testing for FFP3 masks' record. However there were no individual fit testing certificates for all those staff involved in aerosol generating procedures (AGPs).

Following the inspection we received copies of individual fit testing certificates for all staff.

We confirmed 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 PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. The senior dental nurse informed 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 arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We noted that a new member of clinical staff had been recruited during 2020. We reviewed the personnel record of this member of staff and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had either been generated by the staff member's GP or by an occupational health department. Mr Murray told us that they were aware all newly recruited clinical staff members, who were new to dentistry, should be automatically referred to occupational health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding IPC.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

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

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit, completed on 5 October 2020, and found 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, as applicable.

We found that appropriate equipment, including a washer disinfector and four steam sterilisers, had been provided to meet the requirements of the practice. We noted a steam steriliser SES 2000 SCC-BOE-3329 had a number of rust patches on the outer covering which had compromised the integrity of the machine in relation to proper cleaning. We were informed that equipment used in the decontamination process had been appropriately validated however the certificates of validations were not available for inspection. Following the inspection we received confirmation that the steam steriliser SES 2000 SCC-BOE-3329 had been decommissioned and we received certificates of validation for equipment involved in the decontamination of reusable dental instruments.

We confirmed that the written scheme of examination for pressure vessel inspection had been undertaken. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

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

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 the best practice guidance outlined in HTM 01-05.

Areas of good practice: Decontamination of reusable dental instruments

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 included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

Areas for improvement: Decontamination of reusable dental instruments

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Visits by the Registered Provider (Regulation 26)

Where the business 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, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. We established that Mr Seamus O'Hagan and Mr John Murray were in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.6 Equality data

We discussed the arrangements in place regarding 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. Mr Murray and a senior dental nurse told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and ten patients submitted responses to RQIA. We found all patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- "The best dentist and staff ever."
- "Very good, Covid measures are well enforced."

RQIA also invited staff to complete an electronic questionnaire prior to inspection. We were informed during the inspection that staff had completed questionnaires. We spoke to staff who expressed positive views of the practice.

However, we confirmed that no completed staff questionnaires were received.

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

We identified no areas for improvement and a QIP is not required or included as part of this inspection report.



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