

Announced Care Inspection Report 11 September 2018



O'Hagan & Murray Ltd Dental Practice

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

Address: 10 Trevor Hill, Newry BT34 1DN

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Inspector: Norma Munn

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 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 four registered places.

3.0 Service details

Organisation/Registered Provider: O'Hagan & Murray Ltd Dental Surgery Responsible Individuals: Mr Seamus O'Hagan Mr John Murray	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: 4

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

The most recent inspection of O'Hagan & Murray Ltd Dental Practice 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 10.05 to 13.10.

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 John Murray, registered person; one hygienist; one dental nurse; one trainee dental nurse; and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Murray 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 Murray agreed to review 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 Murray 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 Murray confirmed that an arrangement is in place to access an AED in close proximity the practice. A discussion took place regarding the accessibility of this AED in a timely manner. Following the inspection RQIA received confirmation that this AED can be accessed by the dental practice within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

Mr Murray confirmed that the practice offers intravenous sedation to patients administered by a consultant anaesthetist one day each month assisted by Mr Murray. There was no evidence available to confirm that Mr Murray had received training in keeping with Conscious Sedation in the Provision of Dental Care (2003). It was advised that all members of the dental team providing treatment under Conscious Sedation should 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). An area for improvement against the regulations has been made.

Relative analgesia (RA) is also offered in this practice as a form of sedation. Mr Murray confirmed that the RA machine had been last serviced during February 2017. A review of records and discussion with Mr Murray confirmed that the next service was due during February 2018. The importance of ensuring that the RA equipment is serviced and maintained was discussed and Mr Murray was advised not to use the RA machine until such times as it has been serviced and maintained in keeping with manufacturer's instructions. Following the inspection RQIA received confirmation by email that the RA machine had been disconnected

and sent for servicing. Confirmation was also received to confirm that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with the 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.

All members of the dental team providing treatment under Conscious Sedation should 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).

	Regulations	Standards
Areas for improvement	1	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 generally clean and tidy. However, the work station areas in two of the surgeries were cluttered with various items, the horizontal window blinds were dusty, plugs were observed in hand wash basins and some of the foot operated waste bins were not working properly. Mr Murray was advised to declutter the dental surgeries to ensure effective cleaning could take place, to ensure the blinds were cleaned and kept clean, to remove the plugs from hand wash basins and repair or replace any waste bins that were not fully operational. Following the inspection RQIA received confirmation that these issues had been addressed.

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 April 2018, evidenced that the audit had identified both areas of good practice and areas that require to be improved. The issues identified in relation to infection prevention and control had not been identified during the audit process. Mr Murray has agreed to ensure that the IPS audit is revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. It was advised that an action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Following the inspection RQIA received confirmation that this had been actioned and the result of the audit had been shared with staff.

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 Murray 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 April 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 one washer disinfectant and four steam sterilisers have 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, with the exception of the protein test in respect of the washer disinfectant. Following the inspection RQIA received confirmation that protein tests were being carried out 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 further 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 four surgeries, three of which are operational and have intra-oral x-ray units installed. Mr Murray confirmed that the intra-oral x-ray unit in the fourth surgery has been decommissioned.

A review of the radiation protection file and local rules identified Mr Seamus O’Hagan, registered person, as being the radiation protection supervisor (RPS). However, Mr Murray confirmed that he is now the RPS. It was advised that Mr Murray contacts the radiation protection advisor (RPA) in this regard. Following the inspection RQIA received confirmation that the name of the RPS had changed and the RPA had been informed.

Mr Murray 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 Murray 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. However, a new intra-oral x-ray machine had been installed in one of the surgeries during April 2018 and there was no evidence to confirm that the recommendations made in the critical examination and acceptance report had been addressed. Following the inspection RQIA received confirmation that this had been actioned.

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 further 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 Murray.

5.6 Patient and staff views

Twenty 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 very satisfied or satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- “Clean environment, professional staff. Organised and friendly, spacious building with great lighting and modern facilities. Staff do everything to make patients feel safe and relaxed. I always feel that me and my family are in safe hands.”

- “Happy with quality of care and treatment.”
- “I am very satisfied with my care.”

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

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 John Murray, registered person 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 Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 38 (a) Stated: First time</p> <p>To be completed by: 11 November 2018</p>	<p>The registered persons 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).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: In reviewing Conscious Sedation in the practice with regard to services provided by the visiting Consultant Anaesthetist , it was decided to discontinue this service from 6th November 2018</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2018</p>	<p>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).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Contacted Mr Gerry Cleary regarding most up to date guidelines. Practice now carries oromucosal pre-filled oral syringes providing doses of any given range i.e. 2.5mg,5mg,7.5mg,10mg .</p>

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



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