

Announced Care Inspection Report 14th August 2019



E. McCann Dental Practice

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

Address: 84-88 Lower Scotch Street, Dungannon, BT70 1BJ

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Inspector: Emily Campbell

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 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 two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Eamonn McCann(senior)	Registered Manager: Mr Eamonn McCann (senior)
Person in charge at the time of inspection: Mr Eamonn McCann(senior)	Date manager registered: 8 July 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 28th November 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 14 August 2019 from 10:15 to 13:20.

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 Eamonn McCann (senior), registered person, Ms Emma Brown, dentist and practice manager, Mr Eamonn T McCann (junior), associate dentist, two trainee dental nurses and a receptionist. The inspection was facilitated by Mr McCann, senior, and Ms Brown. A tour of the premises was also undertaken.

Information was received by RQIA in relation to infection prevention and control (IPC) and decontamination practices. No issues of concern were identified during this inspection.

The findings of the inspection were provided to Mr McCann (senior) and Ms Brown 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 emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was noted that the automated external defibrillator (AED) pads for use with a child had exceeded their expiry and there were no scissors available with the AED. Documentary evidence was provided by email on the afternoon of the inspection that both adult and child AED pads had been ordered and it was confirmed that scissors had been provided.

A system was in place to check the expiry dates of emergency medicines and equipment. Assurances were provided that AED pads would be included in the checking record.

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 July 2019.

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.

The practice had a medical emergency since the previous inspection. Review of records evidenced that this had been well managed and documented in keeping with good practice, including a staff debriefing. However, this incident was not reported to RQIA and Mr McCann and Ms Brown were advised to submit this retrospectively. The notification was submitted to RQIA on the afternoon of the inspection.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed, in general, that this dental practice 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

Further to information received following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

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 McCann (senior) confirmed that conscious sedation is not provided.

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. Mr McCann (senior) and Ms Brown confirmed that plans are in place to refurbish the first floor surgery in October 2019.

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 been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The most recent audit was carried out by Ms Brown who confirmed that any learning identified as a result of these audits is shared with staff.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities. Review of two staff induction records evidenced that IPC was covered in detail.

As discussed previously, information was received by RQIA in relation to infection prevention and control (IPC) practices. Staff spoken with demonstrated good awareness in relation to the following:

- cleaning of clinical areas and the environment
- clinical waste management
- hand hygiene
- management of a sharps injury
- instruments that are single-use e.g. endodontic reamers and files
- management of Dental Unit Water Lines (DUWLs)
- personal protective equipment (PPE)
- management of blood and bodily fluid spillage

No issues of concern were identified in relation to IPC.

Conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps; although safer sharps are available in the practice. 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'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were in place for the dentists who do not use safer sharps.

It was confirmed that records were retained of the Hepatitis B vaccination status of all clinical staff and that clinical staff recruited are referred to Occupational Health.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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. Review of two staff induction records evidenced that decontamination was covered in detail.

As discussed previously, information was received by RQIA in relation to decontamination practices. Staff spoken with demonstrated good awareness in relation to the following:

- the flow of instruments from dirty to clean within the decontamination process
- hand hygiene and PPE
- the transfer and storage of dirty and clean instruments
- the decontamination of new dental instruments prior to use
- periodic testing of decontamination equipment

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.

No issues of concern were identified in relation to the decontamination process.

Appropriate equipment, including a washer disinfectant and two steam sterilisers, 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.

Data loggers are installed on the decontamination equipment. However, the data logger on the statim steriliser has broken down. It was agreed that in the interim until such time as the data logger is repaired a record would be retained of the cycle parameters of each cycle of the statim steriliser. Ms Brown confirmed by email on 30 August 2019, that a log of all cycles was being retained and that the practice continue to liaise with supplier to address this matter.

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 two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr McCann (senior), 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. The RPS 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 in July 2019 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 which required minor amendments to ensure it was in accordance with legislation and DoH guidance on complaints handling. Mr McCann (senior) and Ms Brown readily agreed to address this. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. 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. Arrangements were in place to share information about complaints and compliments with staff.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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.

Although Mr McCann (senior) is not in day to day charge of the practice, and therefore Regulation 26 unannounced quality monitoring visits apply, Mr McCann (senior) has formally notified RQIA that it is his intention to retire and the practice ownership will transfer to Mr McCann (junior). As this represents a new entity a new application for registration should be submitted to RQIA. Mr McCann (junior) confirmed that he was in the process of completing the application for registration and was advised to submit his application at the earliest opportunity. Mr McCann (junior) will be in day to day management of the practice.

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 McCann (senior) and Ms Brown.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. No comments were provided in questionnaire responses.

Staff were invited to submit questionnaire responses electronically. Due to technical difficulties in RQIA, it was not possible to determine if any staff had submitted responses at the time of writing this report. When the technical issues within RQIA are addressed, the practice will be informed if any issues of concern were identified in questionnaire responses. No issues of concern were identified by staff during the inspection.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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