

Announced Variation to Registration Inspection Report 31 July 2020



Smera Ltd T/A Mulgrew Orthodontics

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

Address: 58 Strand, Road, Derry, BT48 7AJ

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Inspectors: Stephen O'Connor, Karen Weir and Raymond Sayers

www.rgia.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 Regulation 26 report, as applicable; and
- review of areas for improvement identified during the previous care inspection (if applicable).

2.0 Profile of service

Mulgrew Orthodontics was initially registered with RQIA on 30 April 2012, with Mr Brian Mulgrew registered as the Registered Person and Manager. During the previous inspection, Mr Mulgrew told us that he formed a limited company known as Smera Limited and that the limited company was operating the practice. Following the previous inspection, Mr Mulgrew submitted a registration application in respect of Smera Limited. This application was reviewed and registration of Smera Limited and Mr Mulgrew as Responsible Individual and Registered Manager was approved with effect from 19 December 2019.

During February 2020, Mr Mulgrew submitted a variation to registration application in respect of Smera Limited. This application was to relocate the practice to 58 Strand Road, Derry, BT48 7AJ and to increase the number of dental chairs from two to four. Additional information in this regard can be found in section 5.10 of this report.

3.0 Service details

Organisation/Responsible individual: Smera Limited Mr Brian Mulgrew	Registered Manager: Mr Brian Mulgrew
Person in charge at the time of inspection: Mr Brian Mulgrew	Date manager registered: 30 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two increasing to four following this inspection

4.0 Action/enforcement taken following the most recent inspection dated 6 August 2019

The most recent inspection of Mulgrew Orthodontics 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 6 August 2019

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

We undertook an announced variation to registration inspection on 31 July 2020 from 09:50 to 12:05 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).

We employed a multidisciplinary inspection methodology during this inspection. Raymond Sayers' RQIA estates inspector, reviewed matters relating to the premises; additional information in this regard can be found in section 5.6 of this report.

The purpose of the 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.

We undertook a tour of the new premises, met with a number of staff, 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 practice's 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 the delivery of front line patient care. No areas requiring improvement were identified during this inspection.

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

The findings of the inspection were provided to Mr Mulgrew, Responsible Individual/Registered Manager at the conclusion of the inspection.

5.1 Management of medical emergencies

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 all emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available.

We noted a robust 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 is included in the staff induction programme and that training is 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 July 2019 and that medical emergency refresher training had been scheduled for August 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 spoken with 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 was 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 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: Management of medical emergencies

We identified no areas for improvement in relation to the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

5.2 Management of operations in response to COVID-19 pandemic

The practice is not currently operational and therefore we discussed the proposed arrangements for the management of operations in response to the COVID-19 pandemic. We spoke with Mr Mulgrew and staff and found that the proposed arrangements were in accordance with 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: 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 the arrangements to maintain social distancing; prepare staff; implementation of enhanced cross-infection control procedures; and the patient pathway.

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

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

	Regulations	Standards
Areas for improvement	0	0

5.3 Infection prevention and control**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. The practice was closed to patients in order to facilitate the transition from the previous premises to the new purpose built premises. 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 detailed cleaning schedules had been developed; these included all areas of the practice and 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 new dental surgeries. Four dental chairs have been installed in three rooms; one of the rooms is set up as a polyclinic with two dental chairs; we noted a curved wall separating the two dental chairs in the polyclinic. 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.

We observed dedicated hand washing basins available in each surgery; with the polyclinic having a dedicated hand washing basin for each dental chair. We noted laminated/wipe-clean posters promoting hand hygiene displayed close to each hand washing basin and adequate supplies of liquid soap, disinfectant rub/gel and paper towels available.

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) is undertaken; to include FFP3 masks. An FFP3 face mask is a respirator mask that covers the mouth and nose, FFP stands for 'filtering facepiece'; FFP face masks are classified into three groups. The performance of these masks depends on achieving good contact between the wearer's skin and the face seal of the facepiece. The only way to ensure 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 records confirming that appropriate staff had been fit tested for FFP3 masks.

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

Staff spoken with told us that all four dental chairs operate an independent bottled-water system, and are subject to the same disinfection and maintenance regime. We confirmed that the dental unit water lines (DUWLs) were being appropriately managed.

We observed clinical waste bins in the surgeries 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. The practice manager 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 are completed in a meaningful manner and the process involves all dental nurses on a rotational basis. Staff also told us that the outcome of the audit is discussed during regular staff meetings. The practice manager 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 all dental nurses have subscribed to an online training platform and have completed IPC and COVID-19 training commensurate with their roles and responsibilities. Staff spoken with demonstrated a good knowledge and understanding of IPC procedures.

The practice manager told us that no staff have been recruited since 2017 and that records confirming the Hepatitis B vaccination status of clinical staff have been retained. These records had either been generated by the staff member's General Practitioner (GP) or by an occupational health department. The practice manager is aware that newly recruited clinical staff members, new to dentistry, must be referred to occupational health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC and evidenced good practice that was being actively reviewed. This includes ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement: Infection prevention and control

We identified no areas for improvement during the inspection in relation to IPC.

	Regulations	Standards
Areas for improvement	0	0

5.4 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 separate dirty and clean decontamination rooms separate from patient treatment areas and dedicated to the decontamination process. An open doorway separates the dirty and clean decontamination rooms.

We confirmed the decontamination rooms 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 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 are 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 disinfectant, a DAC Universal and two steam sterilisers, 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. 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 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 were only used for single-treatment episodes and disposed of following use.

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 includes ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement: Decontamination of reusable dental instruments

We identified no areas for improvement during the inspection in relation to the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

Radiology and radiation safety

We reviewed the arrangements in respect of radiology and radiation safety. We observed a separate x-ray room with an intra-oral x-ray machine and an orthopan tomogram machine (OPG).

We confirmed that Mr Mulgrew is the radiation protection supervisor (RPS) for the practice. Discussion with Mr Mulgrew identified that he was aware of the relevant legislation surrounding radiology and radiation safety. We reviewed records and confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) had been appointed.

We noted that a dedicated radiation protection file containing all relevant information was in place. Review of this file evidenced that Mr Mulgrew regularly reviews the information contained within the file to ensure that it is current.

In accordance with legislative requirements, x-ray equipment is subject to critical examination and acceptance tests following installation and subsequent quality assurance checks thereafter. We confirmed that the x-ray equipment had been relocated from the previous premises and installed in the new premises. We confirmed that the appointed RPA completed the critical examination and acceptance tests in relation to the x-ray equipment following installation. We reviewed the report generated by the RPA as a result of these tests. This report was only received by the practice on the morning of the inspection. We noted that the report included a number of recommendations and we observed that many of the recommendations had been actioned. Mr Mulgrew confirmed that prior to the x-ray equipment being operational all recommendations made by the RPA would be actioned with records maintained to evidence the actions taken.

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

We 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.

Review of records evidenced that the Health and Safety Executive had been formally notified that x-ray producing equipment had been installed in the premises in keeping with legislative requirements.

Areas of good practice: Radiology and radiation safety

We reviewed the arrangements in relation to radiology and radiation safety arrangements and evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement: Radiology and radiation safety

We identified no areas for improvement in relation to radiology and radiation safety.

	Regulations	Standards
Areas for improvement	0	0

5.6 Premises

We completed a visual survey and review of the interior built environment; and noted the building fabric and surface finishes were constructed to a good standard.

5.6.1 Building services

We reviewed and recorded details listing the following building services completion/commissioning certificates, and associated risk assessments prior to the inspection.

- electrical installation, BS7671, 20 July 2020;
- fire detection & alarm system, BS5839, 20 July 2020;
- emergency lighting installation, BS5266, 21 July 2020;
- gas installation , Gas Safe Register, 08 July 2020;
- space heating system, July 2020;
- air conditioning system, July 2020;
- thermostatic Mixing Valves, 27 July 2020;
- soils/waste test, July 2020;
- ventilation test, July 2020;
- passenger lift, 24 July 2020;
- fire extinguisher test, 31 July 2020;
- chlorination of water distribution system, July 2020;
- legionellae risk assessment; and
- fire risk assessment, 21 July 2020.

5.6.2 Statutory approvals

The following statutory approvals documents were reviewed during the registration process:

- local authority planning approval letter reference LA11/2019/0175/F dated 03 June 2019; and
- building control passing of plans/works completion dated 30 July 2020.

Areas of good practice: Premises

We reviewed the environment and evidenced the building had been altered and refurbished during a building works contract, leaving an interior environment which should be easily maintained.

Areas of improvement: Premises

We identified no areas for improvement in relation to the premises.

	Regulations	Standards
Total number of areas for improvement	0	0

5.7 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 must be undertaken and documented every six months.

Mr Mulgrew is in day to day charge of the 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 Mulgrew and staff.

5.9 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.

5.10 Conclusion

Mr Mulgrew submitted a variation to registration application on behalf of Smera Limited to relocate the practice to new premises and to increase the number of dental chairs from two to four. The variation to registration application has been granted from a care and premises perspective.

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan (QIP)

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



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