

# Announced Care Inspection Report 12 June 2018



## Cassidy & McCreesh Orthodontic Practice

**Type of service: Independent Hospital (IH) – Dental Treatment**

**Address: 45a Irvinestown Road, Enniskillen, BT74 6GU**

**Tel no: 028 6632 5545**

**Inspector: Stephen O'Connor**

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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

|  |  |
|--|--|
| <b>Organisation/Registered Person:</b><br>Mr Mark McCreesh                 | <b>Registered Manager:</b><br>Mr Mark McCreesh     |
| <b>Person in charge at the time of inspection:</b><br>Mr Mark McCreesh     | <b>Date manager registered:</b><br>25 January 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment | <b>Number of registered places:</b><br>4           |

## 4.0 Action/enforcement taken following the most recent inspection dated 12 May 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.1 Review of areas for improvement from the last care inspection dated 12 May 2017

| 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 |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 13.4<br><br><b>Stated:</b> First time      | The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>A dental nurse confirmed that all compatible handpieces are processed in the washer disinfector prior to sterilisation. It was also confirmed that following the previous inspection additional handpieces were purchased. |                          |

#### 5.0 Inspection findings

An announced inspection took place on 12 June 2018 from 09:55 to 12:00.

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).

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

During the inspection the inspector met with Mr Mark McCreesh, registered person, the practice manager, a 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 McCreesh 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. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr McCreesh has advised that Buccolam and Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. On 14 June 2018 confirmation was submitted to RQIA by email that additional doses of Adrenaline had been provided in the practice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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 May 2018.

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 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

No areas for improvement were identified during the inspection.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 0         |

## 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 clean, tidy and uncluttered.

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 May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The practice manager confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

The audits are usually carried out by the practice manager, who confirmed that the findings of the IPS audit are discussed with staff at staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

It was confirmed that all four dental chairs have an independent bottled water system and that a commercially available biocide is used to disinfect the dental unit water lines (DUWL's). Staff confirmed that the bottles are removed at the end of the day, rinsed, inverted and left to dry overnight. It was advised that the manufacturer's instructions for the biocide used should be reviewed to ensure the correct procedure in relation to the bottles is followed. The practice manager readily agreed to do this.

**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.

|                              | <b>Regulations</b> | <b>Standards</b> |
|------------------------------|--------------------|------------------|
| <b>Areas for improvement</b> | <b>0</b>           | <b>0</b>         |

**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 May 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 a washer disinfector and two 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 and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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 |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | <b>0</b>    | <b>0</b>  |

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has a separate x-ray room with a digital orthopan tomogram (OPG) and combined cephalogram machine.

Mr McCreesh 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 radiation protection supervisor (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 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         |

## 5.5 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 the practice manager.

Discussion with the practice manager and review of information evidenced that the equality data collected was managed in line with best practice.

## 5.6 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 18 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Seventeen patients indicated that they were very satisfied with each of these areas of their care. One patient submitted a neutral response in all four areas.

Comments included in the submitted questionnaire responses are as follows:

- “I was very impressed with my sons experience with Mark.”
- “Very professional and trustworthy practice.”
- “Great friendly and at ease for my child.”
- “Very happy with the fantastic care I receive.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. One staff member opened the electronic questionnaire but did not complete it.

**5.7 Total number of areas for improvement**

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | <b>0</b>           | <b>0</b>         |

**6.0 Quality improvement plan**

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



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