

Announced Care Inspection Report 9 July 2018



Brownlow Family Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Unit 5 Legahory Centre, Brownlow, Craigavon BT65 5BE
Tel No: 028 3832 2080
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 three registered places.

3.0 Service details

Organisation/Registered Provider: DJ Maguire and Associates Ltd Responsible Individual: Mr Derek Maguire	Registered Manager: Ms Deborah Irwin
Person in charge at the time of inspection: Mr Derek Maguire	Date manager registered: 20 February 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

D J Maguire and Associates Ltd is the registered provider for eight dental practices registered with RQIA. Mr Derek Maguire is the responsible person for D J Maguire and Associates Ltd.

4.0 Action/enforcement taken following the most recent inspection dated 29 January 2018

The most recent inspection of the establishment 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 29 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 9 July 2018 from 10.00 to 12.30.

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 Derek Maguire, responsible individual, Ms Heidi Geddis, operations director for D J Maguire and Associates Ltd, an area manager for D J Maguire and Associates Ltd, the infection control lead for D J Maguire and Associates Ltd, a dentist and a dental nurse. Mr Maguire and Ms Geddis took the lead in facilitating the inspection. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Maguire and Ms Geddis 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. The provision of paediatric pads for the automated external defibrillator (AED) was discussed and staff confirmed that they have been trained to use the adult pads on a child if needed as recommended by the training provider and the AED manufacturer's instructions.

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 November 2017. Ms Geddis confirmed that medical emergency refresher training has already been arranged to take place during November 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. Appropriate arrangements were in place for the management of waste however, the waste bin in one of the surgeries was operated by hand. It was advised that all waste bins in clinical areas should be foot or sensor operated in keeping with Health Technical Memorandum (HTM) 01-05: Decontamination in Primary Care Dental Practices. Ms Geddis agreed to replace the identified waste bin with a foot or sensor operated pedal bin immediately following the inspection.

A nail brush was observed at the hand washing basin in one of the surgeries and staff confirmed that they had been using this during hand hygiene. It was advised that the use of nail brushes should be reviewed in keeping with best practice guidance.

The practice continues to audit compliance with HTM 01-05 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 been completed and had identified areas of good practice.

It was confirmed that the IPS audit is usually carried out by infection control lead for the D J Maguire and Associates Ltd in conjunction with clinical staff on a rotational basis. Ms Geddis advised 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 and during discussions with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

During the 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'. Staff 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. Following the inspection RQIA received an email from Ms Geddis to confirm 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 evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

Ms Geddis has agreed to address issues identified immediately following the inspection.

No additional 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.

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 with the exception of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. On enquiry, staff were unsure whether the dental handpieces were compatible with the washer disinfector. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DOH. An area for improvement against the standards has been made in this regard.

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 review of the most recent IPS audit, completed during April 2018, evidenced that the audit had been completed and had identified areas of good practice. However, the issue identified in relation to the decontamination of dental handpieces had not been identified during the audit process. Ms Geddis has agreed to ensure that the IPS audit is revisited to ensure it is meaningful in identifying issues in relation to decontamination.

Appropriate equipment, including a washer disinfector and a steam steriliser 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 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 in general 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

All compatible dental handpieces should be decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, two of which are operational and have intra-oral x-ray units installed. There is no intra-oral x-ray unit in the third surgery and Mr Maguire confirmed a new intra-oral unit will be installed prior to it being made operational.

There are two radiation protection supervisors (RPS) in the practice. Discussion with one RPS confirmed that they were aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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 staff regularly review 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.

This 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 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 Mr Maguire, Ms Geddis and staff.

5.6 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All 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 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:

- “Good care provided.”
- “Dentist is good at putting me at ease. Friendly staff.”
- “Children are very well cared for, excellent treatment.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	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 Maguire and Ms Geddis 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 Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2018</p>	<p>The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Ref: 5.3</p>
	<p>Response by registered person detailing the actions taken: We ensure that all dental handpieces are decontaminated in keeping with the manufacturer's instructions. Compatible handpieces will be processed in the washer disinfectant.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care