

# Announced Care Inspection Report 6 August 2019



## Mulgrew Orthodontics

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 100 Strand Road, Timberquay, Derry, BT48 7NR**  
**Tel No: 028 7136 7464**  
**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://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. Mulgrew Orthodontics was registered with RQIA on 30 April 2012, with Mr Brian Mulgrew registered as the registered person and manager. Mr Mulgrew confirmed during this inspection that he formed a limited company known as Smera Limited and that the limited company is now operating the practice. Mr Mulgrew was advised that where the restructuring of a business results in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity. Additional information in this regard can be found in section 5.8 of this report.

## 3.0 Service details

<b>Organisation/Provider Person:</b> Mr Brian Mulgrew	<b>Registered Manager:</b> Mr Brian Mulgrew
<b>Person in charge at the time of inspection:</b> Mr Brian Mulgrew	<b>Date manager registered:</b> 30 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 23 August 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 23 August 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 6 August 2019 from 10:00 to 12:05.

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 Brian Mulgrew, registered person, the practice manager and the lead decontamination nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Mulgrew and the practice manager 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 most 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 observed that Buccolam pre-filled syringes were retained in a 10mg dose. Buccolam should be retained in sufficient quantities and doses in order to be able to administer the appropriate dose for the patient's age. The four doses are 2.5mg, 5mg, 7.5mg and 10mg. Sufficient supply should be available to administer a second dose to the same patient if required. In keeping with the Health and Social Care Board (HSCB) guidance the full dose of the pre-filled syringe must be administered, part doses cannot be administered. On 14 August 2019 evidence was submitted to RQIA to confirm that sufficient stock of Buccolam pre-filled syringes were available to be able to administer all four doses and a second dose to the same patient if required.

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 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.

**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
<b>Areas for improvement</b>	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.

It was confirmed that conscious sedation is not provided in Mulgrew Orthodontics.

**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.

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 August 2019, 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 issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

The audits are usually carried out by the lead decontamination nurse. It was suggested that all dental nurses contribute to the completion of the IPS audit; the inclusion of all dental nurses in the audit process will encourage shared ownership of IPC 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.

Review of the staff register identified that the most recently recruited staff member commenced work during 2018. Review of personnel records in relation to this staff member demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by an occupational health (OH) department. The practice manager was aware that all clinical staff members recruited in the future should be referred to OH.

**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
<b>Areas for improvement</b>	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.

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 disinfectant, a DAC Universal, 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.

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>	0	0

**5.5 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room.

Mr Mulgrew as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of documentation evidenced that 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. Mr Mulgrew 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.

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.

**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
<b>Areas for improvement</b>	0	0

**5.6 Complaints management**

Mulgrew Orthodontics operates two separate complaints policies and procedures, one for NHS patients and one for private patients. The complaints policies and procedures in place were in accordance with legislation and DoH guidance on complaints handling. 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.

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 manager confirmed an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

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
<b>Areas for improvement</b>	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.

Mr Mulgrew is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.



## 5.8 Registration Issues

Mr Mulgrew confirmed during this inspection that he formed a limited company known as Smera Limited and that the limited company was operating the practice. Mr Mulgrew was advised that where the restructuring of a business results in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity.

Mr Mulgrew submitted an application on behalf of Smera Limited on 30 August 2019. The application submitted was for the registration of Mr Mulgrew as the responsible individual and registered manager and for the registration of two dental chairs. This registration application is currently being processed.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.9 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.

## 5.10 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. All 18 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Excellent, friendly caring environment.”
- “So happy with my treatment so far. Very pleasant and caring staff and I am always well informed of what will be happening each appointment.”

Six staff submitted questionnaire responses to RQIA. All six staff members indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All six staff members indicated that they were very satisfied with each of these areas of patient care. Comments included in submitted questionnaire responses are as follows:

- “Working here is great, all staff are well supported and there is a great team spirit.”

- “I think Mulgrew Orthodontics is truly a great place to work. Always putting staff first through team building and giving us opportunities to do courses and excel within our roles. A great team to work with a nice working environment! #teammulgrew.”
- “Love working here. Great atmosphere to work in. We’re such a fab team.”

**5.11 Total number of areas for improvement**

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

**6.0 Quality improvement plan (QIP)**

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.



The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care