Announced Care Inspection Report
14 December 2018

Kingsbridge Maypole Dental Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment
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Inspectors: Jo Browne and 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 two registered places. A third dental surgery was decommissioned, following the pre-registration inspection and converted to a clean utility room. Kingsbridge Maypole Dental Clinic provides private dental treatment.

3.0 Service details

Organisation/Registered Provider: 3fivetwo Medical Ltd **Responsible Individual:** Mr Glen Best	**Registered Manager:** Mrs Jennifer McLaughlin
Person in charge at the time of inspection: Mrs Jennifer McLaughlin	**Date manager registered:** 7 December 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 17 November 2017

The most recent inspection of the establishment was an announced pre-registration care inspection.

4.1 Review of areas for improvement from the last care inspection dated 17 November 2017

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 14 December 2018 from 10.00 to 14.25.

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 inspectors met with, Mr Glen Best, responsible individual, Mrs McLaughlin, registered manager and one dental nurse. A tour of the dental practice premises was also undertaken.

The findings of the inspection were provided to Mr Best and Mrs McLaughlin at the conclusion of the inspection.

As a result of several issues identified in relation to the management of medical emergencies, infection prevention and control, decontamination of reusable dental instruments, and radiology and radiation safety, Mr Best and Mrs McLaughlin were invited to attend a concerns meeting at RQIA on 20 December 2018. During the meeting Mr Best and Mrs McLaughlin provided a full account of the actions taken to address the issues identified and to ensure the improvements necessary to achieve compliance with the regulations.

5.1 Management of medical emergencies

Management of medical emergencies

Emergency medicines had not been provided in keeping with British National Formulary (BNF) and the Health and Social Care Board (HSCB) guidance. While Buccolam and Glucagon were present in the emergency medication box and stock cupboard, some were found to have exceeded their expiry dates. There were no needles and syringes available in the emergency medication box to facilitate the administration of Adrenaline. It was advised that suitable arrangements should be in place for the ordering, reordering, handling, safe administration and disposal of medicines used in or for the purposes of the practice.

Emergency equipment had not been provided as recommended by the Resuscitation Council (UK) guidelines. Portable suction equipment was not available within the practice. The adult pads fitted to the automated external defibrillator (AED), some of the oropharyngeal airways, cannulas, needles and syringes and the oxygen cylinder had exceeded their expiry dates. Some of the dental instruments and equipment provided were observed to have also exceeded their expiry dates.

A system was in place to check expiry dates of emergency medicines and equipment on a weekly basis however, this did not identify that some medication and equipment had exceeded their expiry dates. Advice was given regarding the development of a more robust checking system to audit emergency medicines and equipment in line with the Resuscitation Council (UK) guidelines. It was also advised that the emergency bag containing the emergency equipment is decluttered to ensure that emergency equipment can be accessed in a timely manner.

An area for improvement against the regulations has been made to address the issues identified in relation to the management of medical emergencies.

Review of training records and discussion with the dental nurse 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 the dental nurse completed medical emergency refresher training was during September 2018. There was no evidence available that the dental surgeon had completed training in the management of medical emergencies.

An area for improvement against the regulations has been made in relation to retaining training records for all staff, in line with RQIA training guidance.

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

Staff spoken with during the inspection had a good knowledge of the actions to be taken in the event of a medical emergency.

Areas for improvement

Issues identified in relation to the management of medical emergencies should be addressed as follows:

- emergency medicines as outlined in the BNF and HSCB guidance should be retained in the practice within their expiry dates
- emergency equipment as recommended by the Resuscitation Council (UK) guidelines should be retained in the practice within their expiry dates.
- dental instruments and equipment should be retained within their expiry dates.
- a more robust system should be in place to check the expiry dates of emergency medicines and equipment

Training records should be retained for all staff in line with RQIA training guidance.

	Regulations	Standards
Areas for improvement	**2**	**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. Cleaning equipment was provided however, this was not colour coded in line with the National Patient Safety Agency (NPSA) guidelines. Mops were observed to be inappropriately stored increasing the risk of cross contamination. Disinfectant tablets which mix with water to create a disinfectant solution were found to have exceeded their expiry date.

The practice audited compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. The audit included 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. The IPS audit had been carried out by Mrs McLaughlin and the dental nurse. A review of the most recent IPS audit, completed during July 2018, evidenced that the audit had not been completed in a full and meaningful manner and had not identified areas that require to be improved.

No action plan was developed as a result of the audit. Advice was given on the benefits of fully completing the IPS audit in a meaningful and constructive way and sharing the identified learning with all staff.

An area for improvement against the regulations has been made to address the issues identified in relation to infection, prevention and control.

Arrangements were in place to ensure that the dental nurse received IPC training commensurate with their role and responsibility and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures. There was no evidence available to confirm that the dental surgeon had undertaken training in IPC. An area for improvement against the regulations has already been made in relation to retaining training records for all staff in line with RQIA training guidance under section 5.1.

Areas of good practice

The practice was found to be clean, tidy and uncluttered. There was evidence of IPC training for the dental nurse and discussion with the dental nurse confirmed that they had good knowledge of IPC procedures.

Areas for improvement

Issues identified in relation to IPC should be addressed as follows:

- colour coded equipment should be available for cleaning and stored in line with NPSA guidelines
- all products used for disinfecting should be retained within their expiry date
- the IPS audit should be completed in a full and meaningful manner in line with best practice guidance and an action plan should be developed to address any issues identified and learning shared with all staff.

	Regulations	Standards
Areas for improvement	**1**	**0**

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

The practice had a dedicated decontamination room separate from patient treatment areas. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. However, it was evident that the majority of dental instruments were being processed through an external central sterile services department (CSSD).

There was no evidence available of a contract with an appropriately accredited CSSD for the purpose of decontamination of reusable dental instruments. The decontamination policies and procedures did not include the collection, transport to, processing and return of instruments from CSSD. There were no records retained to provide traceability of reusable dental

instruments which were processed off site. An area for improvement against the regulations has been made in relation to the decontamination of reusable dental instruments.

As discussed in section 5.1, some of the dental instruments and equipment provided such as dental sets, sterile water (for use with dental drills), bi-polar diathermy sets and number of single-use medical devices, stored in the clean utility, were observed to have exceeded their expiry dates. An area for improvement against the regulations was made in section 5.1 with respect to equipment being retained within its expiry date.

In relation to reusable dental instruments processed on-site current practice evidenced that arrangements are in place to ensure that the instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05. Staff had received training in respect of the on-site decontamination of reusable dental instruments commensurate with their roles and responsibilities.

Appropriate equipment, including a washer disinfector and steam steriliser has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately serviced and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Advice was given around completing the front section of each log book to include the make, model and serial number of the device to enable full traceability of dental instruments being processed.

There was no written scheme of examination of pressure vessels inspection report available for the steam steriliser. An area for improvement against the regulations has been made.

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. However, as previously stated a number of single use equipment was observed to have exceeded their expiry dates.

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 when processed on-site.

Areas for improvement

Issues identified in relation to decontamination should be addressed as follows:

- evidence of a contract with an appropriately accredited CSSD for the purpose of decontamination of reusable dental instruments should be retained
- decontamination policies and procedures should include the collection, transport to, processing and return of instruments from CSSD
- records must be retained to provide traceability of reusable dental instruments which were processed off site

A written scheme of examination of pressure vessels inspection report for the steam steriliser should be completed and available for inspection.

	Regulations	Standards
Areas for improvement	**2**	**0**

5.4 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.

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. The RPS undertakes a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

It was confirmed that the appointed RPA had completed a quality assurance check in February 2018. However, there was no RPA report available and no evidence that any recommendations made had been addressed.

The RPS had not signed to confirm that they had reviewed the radiation protection file. There was also no evidence that the dental surgeon had read and agreed to the local rules within the radiation protection file.

The equipment inventory retained in the radiation protection file did not correlate with the equipment located in the practice.

Review of the authorisation and entitlement of duty holders indicated that the dental surgeon had not signed the entitlement document. The entitlement documents were also signed by someone other than the employer for both the dental surgeon and the dental nurse without clear lines of delegation in relation to this task.

There was evidence of the dental nurse undertaking training in relation to radiology and radiation safety. However, there was no evidence of radiology training for the dental surgeon. An area for improvement has already been made under section 5.1 in relation to retaining training records for all staff in line the RQIA training guidelines.

An intra-oral x-ray machine had been relocated to a different surgery. There was no evidence of a critical examination being undertaken by the service engineer or review by the RPA.

An area for improvement against regulations has been made to address the issues identified in relation to radiology and radiation safety.

Areas of good practice

The RPS undertakes a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas for improvement

Issues identified in relation to radiology and radiation safety should be addressed as follows:

- the RPA report should be available for inspection and any recommendations made addressed
- the RPS should sign to confirm that they have reviewed the radiation protection file
- the dental surgeon should read and sign the local rules
- the equipment inventory retained in the radiation protection file should accurately reflect the equipment located in the practice
- the entitlement documents should be completed and signed by the employer and each duty holder
- a critical examination of the relocated x-ray unit should be undertaken by the service engineer and reviewed by the RPA

	Regulations	Standards
Areas for improvement	**1**	**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 Mrs McLaughlin.

5.6 Patient and staff views

No patients or staff submitted questionnaire responses to RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**6**	**0**

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 Best, responsible individual and Mrs McLaughlin, registered manager, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (1) (a) (b) (c) **Stated:** First time **To be completed by:** 21 December 2018	The registered person shall ensure that all issues identified in relation to the management of medical emergencies are addressed as follows: • emergency medicines as outlined in British National Formulary (BNF) and the Health and Social Care Board (HSCB) guidance are retained in the practice and are within their expiry dates • emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained within the practice and is within their expiry date • all dental instruments and equipment are provided within their expiry dates • a more robust system should be in place to check the expiry dates of emergency medicines and equipment Ref: 5.1
	Response by registered person detailing the actions taken: Checklists for emergency medications have been provided to staff in-line with the BNF and HSCB guidance, trained staff will perform checks of the emergency medications on a weekly basis. Checklists for emergency equipment have been provided to staff in-line with the Resuscitation Council guidelines, trained staff will perform checks of the emergency equipment on a weekly basis. Trained staff will complete a monthly audit of stock and any equipment requiring re-sterilisation will be actioned. A robust audit system has been drawn up and put in place to ensure these checks are being carried out efficiently and any issues found are actioned immediately.

Area for improvement 2 **Ref:** Regulation 18 (2) (a) **Stated:** First time **To be completed by:** 14 January 2019	The registered person shall ensure training records are retained for all staff in line with RQIA training guidance. Ref: 5.1
	Response by registered person detailing the actions taken: Training records for all staff will be available on site at all times going forward, this will also be followed up through the newly introduced robust audit system to demonstrate training is in-line and up-to-date at all times.
Area for improvement 3 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 7 January 2019	The registered person shall ensure that all issues identified in relation to infection prevention and control are addressed as follows: • colour coded equipment is available for cleaning and stored in line with the National Patient Safety Agency (NPSA) guidelines. All products used for disinfecting should be retained within their expiry date • the Infection Prevention Society (IPS) audit should be completed in a full and meaningful manner in line with best practice guidance. An action plan should be developed to address any issues identified and learning shared with all staff Ref: 5.2
	Response by registered person detailing the actions taken: Colour-coded equipment is available on site, the cleaning cupboard will be continuously audited throughout the year in-line with our audit system. All cleaning equipment will be monitored through the monthly audit of stock and replaced as required. The IPS audit has been completed in a full and meaningful manner, an action plan of identified issues has been put in place and is ongoing.
Area for improvement 4 **Ref:** Regulation 15 (3) **Stated:** First time **To be completed by:** 14 January 2019	The registered person shall ensure all issues identified in relation to decontamination are addressed as follows: • evidence of a contract with an appropriately accredited CSSD for the purpose of decontamination of reusable dental instruments off site is retained • decontamination policies and procedures must include the collection, transport to, processing and return of instruments from CSSD • records must be retained to provide traceability of reusable dental instruments which are processed off site Ref: 5.3
	Response by registered person detailing the actions taken: Going forward all equipment will be decontaminated on site as per our internal decontamination policy.

Area for improvement 5 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** 21 December 2018	The registered person shall ensure that a written scheme of examination of pressure vessels inspection report for the steam steriliser is completed and available for inspection. Ref: 5.3
	Response by registered person detailing the actions taken: Engineer to attend and complete the written scheme of examination for the steam steriliser, 18th February 2019.
Area for improvement 6 **Ref:** Regulation 15 (1) (a) (b) (c) **Stated:** First time **To be completed by:** 21 December 2018	The registered person shall ensure that all issues identified in relation to radiology and radiation safety are addressed as follows: • the radiation protection advisor (RPA) report should be available and any recommendations made addressed • the radiation protection supervisor (RPS) should sign to confirm that they have reviewed the radiation protection file • the dental surgeon must read and sign the local rules • the equipment inventory retained in the radiation protection file should accurately reflect the equipment located in the practice • the entitlement documents must be completed and signed by the employer and duty holder • a critical examination of the identified relocated x-ray unit should be undertaken by the service engineer and reviewed by the RPA Ref: 5.4
	Response by registered person detailing the actions taken: The RPA letter from February 2018 is available and all actions have been identified and are being addressed. The RPS has signed to confirm they have reviewed the radiation protection file. The dental surgeon has read and signed the local rules. The radiology equipment inventory has been updated to accurately reflect equipment on site. The entitlement documents have been completed and signed by the employer and duty holder. A critical examination will be undertaken of the x-ray in surgery 2, we are currently awaiting the arrival of ordered parts and when fixed this will be completed.

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

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