

Announced Care Inspection Report 29 November 2018



A B Dental Surgeries Glengormley

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

**Address: 20 Portland Avenue, Glengormley, Newtownabbey,
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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

2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

Organisation/Registered Person: Miss Lillian Armstrong	Registered Manager: Mr James Byrne
Person in charge at the time of inspection: Miss Lillian Armstrong	Date manager registered: 11 July 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: One

Miss Lillian Armstrong also operates Belvoir Dental Care in Belfast. Mr James Byrne is the registered manager for both practices.

4.0 Action/enforcement taken following the most recent inspection dated 23 November 2017

The most recent inspection of the A B Dental Surgeries Glengormley 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 23 November 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
Area for improvement 1 Ref: Standard 15.3 Stated: First time	The registered person shall ensure that the adult safeguarding lead in the practice has completed formal training in adult safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016).	Met

	<p>Action taken as confirmed during the inspection: Miss Armstrong confirmed that she completed separate safeguarding children and adults training following the previous inspection. However, the training certificates were not available for review. On 17 December 2018 Miss Armstrong submitted the training certificates to RQIA, these were dated the 29 December 2017.</p>	
<p>Area for improvement 2 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that the supply of Buccolam pre-filled syringes should be reviewed to ensure that there is sufficient supply available to safely administer the various doses and a second dose, if required, in keeping with the Health and Social Care Board (HSCB).</p>	Met
	<p>Action taken as confirmed during the inspection: Review of emergency medicines evidenced that Buccolam prefilled syringes were available in the following doses 10mg by two and 2.5mg by two doses. Miss Armstrong confirmed that if required to administer a 5mg or 7.5mg dose she would use the 10mg prefilled syringe by partially discharging it. Miss Armstrong was advised that on 25 September 2018 a letter was issued to all dental practices by the HSCB to advise when administering Buccolam prefilled syringes part doses cannot be administered. On 17 December 2018 evidence was submitted to RQIA that sufficient stock of Buccolam was available to administer all four doses and a second dose to the same patient if required.</p>	
<p>Area for improvement 3 Ref: Standard 13.4 Stated: First time</p>	<p>The registered person shall ensure that the periodic tests undertaken in respect of the DAC Universal include a weekly protein test. Results of the weekly protein test should be recorded in the machine logbook.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the logbook for the DAC Universal evidenced that a weekly protein residue test was being undertaken and results recorded.</p>	

5.0 Inspection findings

An announced inspection took place on 29 November 2018 from 13:25 to 14:30.

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 Miss Lillian Armstrong, registered person and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Miss Armstrong 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. As discussed, following the inspection evidence was submitted to RQIA to confirm that the stock of Buccolam was increased to ensure that sufficient stock was available in order to be able to administer all four doses and a second dose to the same patient if required. It was observed that Adrenaline was available in one of each of the following doses: 150 micrograms, 300 micrograms and 500 micrograms. Best practice guidance outlines that sufficient stock of Adrenaline must be available to administer a second dose to the same patient if required. On 16 December 2018 evidence was submitted to RQIA confirming that a second dose of Adrenaline in all three doses had been provided. 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 September 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 further 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 September 2018 by Miss Armstrong, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Miss Armstrong confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits would be shared with staff at the time and discussed again during staff meetings.

It was suggested to Miss Armstrong that clinical staff should 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.

During discussion it was identified that conventional needles and syringes are used 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'. Miss Armstrong and staff confirmed that it is the responsibility of the dentist to safely dispose of used needles. Miss Armstrong was advised that she should review the regulations named above and consider using safer sharps.

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
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.

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 a steam steriliser, 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
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has one surgery with an intra-oral x-ray machine.

Miss Armstrong 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. Miss Armstrong as 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 during June 2016 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.

Miss Armstrong 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 Miss Armstrong.

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. All 18 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. The following comment was included in a questionnaire response:

- “Best dentist I’ve ever attended. Puts any nerves at rest with pleasant nature. Never find any pain in treatment. Reasonable prices for treatment.”

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

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.



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