

Announced Care Inspection Report 9 October 2018



Alan Parker & Associates Dental Practice

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

Address: 339 Cregagh Road, Belfast BT6 0LE

Tel No: 028 9079 2729

Inspector: Philip Colgan

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: Mr Alan Parker Responsible Individual: Mr Alan Parker	Registered Manager: Mr Alan Parker
Person in charge at the time of inspection: Mr Alan Parker	Date manager registered: 8 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 20 November 2017

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 20 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 12.4 Stated: First time	The registered person shall ensure that buccal Midazolam is provided in the format of Buccolam pre-filled syringes. This should be provided in sufficient doses to accurately administer the medication to the relevant age groups.	Met
	Action taken as confirmed during the inspection: The format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). This was discussed with the practice manager.	

	This was confirmed by email following the inspection.	
Area for improvement 2 Ref: Standard 13 Stated: First time	The registered person shall refurbish the torn dental chair in surgery one.	Met
	Action taken as confirmed during the inspection: During the inspection the inspector confirmed that the chair in surgery one had been refurbished.	
Area for improvement 3 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that, in relation to the decontamination of dental instruments: <ul style="list-style-type: none"> • an automatic control test (ACT) for the DAC Universal and each steriliser is carried out after the first cycle each day and details of the sterilisation temperature, the sterilising hold time and the pressure reading recorded in the associated logbooks • the logbook for the DAC Universal should be further developed to include the periodic tests for a washer disinfector, including a weekly protein residue test. The appropriate periodic tests should be carried out and recorded in the logbook 	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of documentation evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 13 Stated: Second time	The registered person shall review the identified needle stick incident and an action plan should be devised to prevent/reduce the risk of a recurrence. Learning from the incident should be shared with staff.	Met
	Action taken as confirmed during the inspection: A policy has been developed and shared with staff regarding the safe disposal of used needles. See section 5.2 regarding the safe sharps risk policy.	

Area for improvement 5 Ref: Standard 13 Stated: First time	The registered person shall review the legionella risk assessment to include more detail of the water system in the practice. Records should be retained of hot and cold water temperatures and flushing of the infrequently used outlets.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of documentation evidenced that this area for improvement has been met.	
Area for improvement 6 Ref: Standard 11.6 Stated: Second time	Staff meetings should be held at regular intervals and minutes of the meetings provided.	Met
	Action taken as confirmed during the inspection: Staff confirmed that staff meetings are held on an, as and when required, basis to discuss clinical and practice management issues. The practice manager agreed to ensure that minutes of staff meetings are recorded and available for those staff not present.	

5.0 Inspection findings

An announced inspection took place on 9 October 2018 from 10.00 to 11.20.

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 Alan Parker, registered provider, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to 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 in the main, emergency medicines were retained in keeping with the British National Formulary (BNF). As previously discussed Mr Parker has confirmed that Buccolam pre-filled syringes will be provided, however, Adrenaline was not provided in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. A discussion took place in relation to the procedure for the safe administration of Adrenaline in the various doses and quantity needed as recommended by the HSCB and the BNF and the current difficulty in obtaining adrenaline in the auto-injector format. Mr Parker confirmed by electronic mail to RQIA on 17 October 2018 that adrenaline will be included in the emergency medical kit .

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained and 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. Because of new staff recruitment the most recent medical emergency refresher training took place in August 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 in September 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement, an action plan would be generated to address the issues identified.

In discussion, it was suggested that the audits be carried out by the dental nurses on a rotational basis. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice and provide the staff members with verifiable Continuing Professional Development (CPD). Staff confirmed that the findings of audits are discussed at staff meetings.

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 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 '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 and all staff are trained in the safe use and disposal of needles. A risk assessment has been carried out and shared with all staff. It was advised that consideration should be given to 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.

As discussed, a review of the most recent IPS audit 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 disinfectant 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 three surgeries each of which has an intra-oral x-ray machine

Mr Parker as 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.

A dedicated radiation protection file containing all relevant information was in place. Mr Parker 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 in December 2015 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
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 staff.

5.6 Patient and staff views

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All responses 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 very satisfied with each of these areas of their care.

The following comments were included in submitted questionnaire responses:

- “The treatment from X has been first class throughout.”
- “Myself, my husband and adult sons, two of whom have learning difficulties have attended this practice for many years and the standard of care from dentist and reception staff has always been excellent for all of us.”
- “Excellent practice. I have been very satisfied for 30 years.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection.

No responses were received.

5.7 Total 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 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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care