

# Announced Care Inspection Report 27 September 2018



## Ann Street Dental Practice Limited

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

**Address: 6 Ann Street, Enniskillen, BT74 7ES**

**Tel No: 028 6632 2628**

**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 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

<b>Organisation/Registered Provider:</b> Ann Street Dental Practice Limited  <b>Responsible Individual:</b> Mr Christopher Kelly	<b>Registered Manager:</b> Mrs Sinead Kelly
<b>Person in charge at the time of inspection:</b> Mr Christopher Kelly Mrs Sinead Kelly	<b>Date manager registered:</b> 30 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 16 June 2017

The most recent inspection of Ann Street Dental Practice Limited 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 16 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (2) (d)  <b>Stated:</b> First time	The registered person shall ensure that suitable safety checks are carried out to the fixed electrical wiring installation. Reference should be made to BS7671.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mrs Kelly confirmed that in order to undertake the fixed electrical wiring inspection the server needs to be shut down by the IT provider. Since the previous inspection the practice has not been assured by the IT provider that the	

	<p>server would be shut down properly in order to undertaken the inspection. As a result of this the practice has changed IT providers to a provider that has assured them the server would be shut down properly. The shutdown of the server was scheduled for 6 October 2018 and a company has been appointed to undertake the fixed electrical wiring installation on the same date. On 9 October 2018 confirmation was submitted to RQIA that the fixed electrical wiring installation had been inspected and that an action plan has been generated to address the issues identified.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 15 (2) (b) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a written scheme of examination in prepared for all pressure vessels in the practice in keeping with The Pressure Systems Safety Regulations (Northern Ireland) 2004. A copy of the written scheme of examination should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).</p> <p><b>Action taken as confirmed during the inspection:</b> Copies of the written scheme of examination inspection reports were submitted to RQIA following the previous inspection; these were available for review during the inspection.</p>	<p><b>Met</b></p>

## 5.0 Inspection findings

An announced inspection took place on 27 September 2018 from 09:50 to 12:00.

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 Christopher Kelly, responsible individual, Mrs Sinead Kelly, registered manager, the head receptionist and a registered nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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 were retained in keeping with the British National Formulary (BNF). It was observed that Adrenaline was retained in an autoinjector format in two doses. Adrenaline should be available in three doses, which are, 150 micrograms, 300 micrograms and 500 micrograms with sufficient stock to be able to administer a second dose to the same patient if necessary in keeping with the Health and Social Care Board (HSCB) guidance. This was discussed with Mr Kelly who readily agreed to ensure all three doses would be available in the practice. On 1 October 2018 confirmation was submitted to RQIA that Adrenaline was available in all three doses.

A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantities needed as recommended by the HSCB. Mr Kelly advised that Buccolam would be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. It was confirmed that an automated external defibrillator (AED) is not available in the practice. However, Mrs Kelly confirmed that the practice has access to two community AEDs which can both be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

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 April 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.

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 March 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Kelly confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and learning from audits would be shared with staff at the time and also discussed during staff meetings.

Mrs Kelly confirmed that the IPS audit is treated as a training exercise and is completed by the clinical team. Mrs Kelly was encouraged to continue completing the audit as a group exercise, as doing so helps to empower staff, promote staffs understanding of the audit, IPC procedures and best practice.

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 that 'safer sharps are used so far as is reasonably practicable'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. Following the inspection RQIA received confirmation that safer sharps had been ordered and these would be used when administering local anaesthetic in the future.

### 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 disinfector and two steam sterilisers 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 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## 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 Kelly as the radiation protection supervisor (RPS) was 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. Mr Kelly 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
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 Mrs Kelly.

**5.6 Patient and staff views**

Fourteen patients submitted questionnaire responses to RQIA. All 14 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 14 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. No comments were included in submitted questionnaire responses.

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

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

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