Announced Care Inspection Report
23 July 2018

Ards Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 16 Regent Street, Newtownards BT23 4LH
Tel No: 028 9181 2507
Inspector: Emily Campbell

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 five registered places, however, only three surgeries ar currently in operation..

3.0 Service details

Organisation/Registered Provider: Den.Co.Down Ltd **Responsible Individual:** Ms Anne Abraham	**Registered Manager:** Ms Alison Rainey
Person in charge at the time of inspection: Ms Anne Abraham	**Date manager registered:** 14 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 5

4.0 Action/enforcement taken following the most recent inspection dated 27 July 2017

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 27 July 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 23 July 2018 from 9:50 to 11:40.

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 Ms Anne Abraham, registered person; Ms Alison Rainey, registered manager; and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Abraham 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 emergency medicines in keeping with the British National Formulary (BNF) was retained, with the exception of adrenaline 500 mcg for the administration to adults and children over the age of 12, in the event of anaphylaxis. Assurances were provided that adrenaline 500 mcg would be provided. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED); however, Ms Abraham confirmed that timely access to an AED was available from a nearby pharmacy and arrangements had been established in this regard.

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 May 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

Assurances were provided during the inspection that adrenaline 500 mcg doses would be provided, therefore 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 some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered. Currently only three of the five surgeries registered with RQIA are operational and Ms Abraham confirmed that the rolling programme of refurbishment is ongoing.

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 management.

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 dentists dispose of their sharps, thus reducing the risk of sharps injury to other staff. Sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this.

A review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audits are carried out by the lead decontamination nurse and it was confirmed that any learning identified as a result of these audits is shared. The lead decontamination nurse holds infection prevention and control meetings with dental nursing staff on a six weekly basis. It was suggested that all clinical staff could 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.

Areas of good practice

A review of the current arrangements evidenced, in the main, 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

Review the use of sharps. A risk assessment should be undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

	Regulations	Standards
Areas for improvement	0	1

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. It was noted that extract ventilation was provided at the 'dirty' side of the decontamination room; however, there was no provision of 'make-up' ventilation at the 'clean' side. An area for improvement against the standards was made to review the ventilation in the decontamination room in relation to the provision of 'make-up' ventilation. Ms Abraham was advised to consult with the DOH Sustainable Development Engineering Branch in this regard.

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 four steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and pressure vessels have been inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, although a daily automatic control test (ACT) was undertaken and recorded for the non-vacuum steriliser and the two statim sterilisers, it was not recorded in respect of the vacuum steriliser. Assurances were provided during the inspection that the daily ACT would be recorded in respect of the vacuum steriliser.

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, in general, 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

Review the ventilation in the decontamination room in relation to the provision of 'make-up' ventilation.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has five surgeries, four of which have an intra-oral x-ray machine. As discussed previously, only three surgeries are currently operational. An orthopan tomogram machine (OPG), located in a separate room is also in situ; however, this has been decommissioned and Ms Abraham confirmed that there are no plans for this to be commissioned again.

Ms Abraham is the radiation protection supervisor (RPS) and 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. The 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 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.

The RPS 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 Ms Abraham and Ms Rainey.

Ms Abraham confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All 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. No comments were provided in questionnaire responses.

Staff were invited to complete questionnaires electronically. It was confirmed during the inspection that some staff had completed questionnaires; however, only one response was received by RQIA. It is acknowledged that some difficulties have been experienced with the introduction of electronic questionnaires and RQIA continue to work to resolve the matter. The staff member who completed a questionnaire response indicated that they were very unsatisfied that the care provided was safe, effective and compassionate or that the service was well led. This was discussed with Ms Abraham who confirmed that she would discuss this with staff and encourage any staff with concerns to approach her. No comments were provided in the questionnaire response received.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Anne Abraham, registered person, 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 23 September 2018	The registered person shall review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2
	Response by registered person detailing the actions taken: our associates are each completijg their own risk assessments re sharpe policy.
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 23 October 2018	The registered person shall review the ventilation in the decontamination room in relation to the provision of ‘make-up’ ventilation. Ref: 5.3
	Response by registered person detailing the actions taken: on construction of decontamination room we took advice from John Singh and our builder Colin Gilmore tried to get specfic advice regarding ventalition from him he followed the advice as best he could considering the position of the room with only one external wall and has extractor van which draws air from clean area to dirty area and out.

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