

Announced Care Inspection Report 22 March 2019



Cochrane Dental Care

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

Address: 58 Railway Road, Coleraine, BT52 1PF

Tel No: 028 7034 2526

Inspector: Steven Smith

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: Cochrane Dental Care Ltd Responsible Individual: Mr Paul Cochrane | Registered Manager: Mrs Claire Cochrane |
| Person in charge at the time of inspection: Mr Paul Cochrane | Date manager registered: 06 March 2017 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 3 |

4.0 Action/enforcement taken following the most recent inspection dated 08 March 2018

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 08 March 2018

| 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 11 Stated: First time | The registered person shall ensure that all staff members are provided with fire safety awareness training which is renewed annually. A record should be kept in this regard. | Met |
| | Action taken as confirmed during the inspection: A review of documents and discussion with Mrs Cochrane confirmed that fire safety awareness training had been provided for all staff members during October 2018. A record of the training provided had been kept. Mrs Cochrane is aware that fire safety awareness training should be refreshed on an annual basis. | |

5.0 Inspection findings

An announced inspection took place on 22 March 2019 from 09.30 to 11.30.

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 Mr Paul Cochrane, responsible individual, Mrs Claire Cochrane, registered manager and one dental nurse. A tour of some of the premises was also undertaken.

The findings of the inspection were provided to Mr and Mrs Cochrane 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 general, were retained in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the HSCB and BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam. Mrs Cochrane was advised to increase the supply of Buccolam accordingly. An area for improvement against the standards has been made.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). The practice has access to an AED located at Coleraine Leisure Centre, which is available for use during surgery opening hours. Mrs Cochrane confirmed that the AED is accessible within 3 minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

Mrs Cochrane confirmed that emergency medicines and equipment are checked weekly. However a review of relevant documentation evidenced that emergency medicines and equipment were not individually recorded on an identified checklist to ensure that they do not exceed their expiry date. An area for improvement against the standards has been made.

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

Ensure Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF.

Ensure each item of emergency medicine and equipment is recorded on an identified checklist.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 1 |

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, were clean, tidy and uncluttered.

Evidence of completion of audit to monitor compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool was not available for review. This was discussed with Mrs Cochrane and it was advised that a meaningful audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken at least six monthly and any deficits identified should be addressed. Following the inspection, RQIA received evidence by electronic mail to confirm that the IPS audit had been completed. Mrs Cochrane confirmed that learning identified as a result of these audits will be shared during 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.

Areas of good practice

A review of the current arrangements evidenced that staff had received IPC training commensurate with their roles and responsibilities.

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.

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 two steam sterilisers, has been provided to meet the practice requirements. Mrs Cochrane confirmed that 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. However supporting documentation to evidence validation of this equipment was not available. Following the inspection, RQIA received evidence by electronic mail to confirm that the equipment had been validated during March 2019.

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 ensuring that 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, two of which have an intra-oral x-ray machine.

Mr Cochrane, 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 Cochrane 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, completed during October 2017, demonstrated that any recommendations made have been addressed.

There was no evidence to confirm that the x-ray equipment had been serviced and maintained in accordance with the manufacturer's instructions. Following the inspection RQIA received evidence by electronic mail to confirm that servicing and maintenance of the x-ray equipment had been completed during March 2019.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Cochrane 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 Mrs Cochrane.

5.6 Patient and staff views

Ten 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.

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 |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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 Paul Cochrane, responsible individual, and Mrs Claire Cochrane, 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 Minimum Standards for Dental Care and Treatment (2011) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2019</p> | <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF. • Each item of emergency medicine and equipment is recorded on an identified checklist. <p>Ref: 5.1</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>We now hold the correct dosage of buccolam as recommended by the HSCB and BNF</p> <p>There is an identified checklist for emergency medicine and equipment to be recorded</p> |

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



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