

Announced Care Inspection Report 26 June 2018



Bachelors Walk Dental Surgery

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

Address: 39 Bachelors Walk, Lisburn BT28 1XN

Tel No: 028 9266 3022

Inspector: Norma Munn

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 providing NHS and private dental treatment. The dental practice is also registered to provide dental laser services.

Laser equipment

Manufacturer: Quicklase

Model: Dentalase 5w

Serial Number: 050717002

Laser Class: 4

Wavelength: 810nm

Laser protection advisor (LPA)

Ms Estelle Walker

Laser protection supervisor (LPS)

Dr Andrew Wallace

Authorised operator

Dr Andrew Wallace

Type of treatments provided:

The Dentalase 5w is a soft tissue laser that can be used to effectively aid a wide range of treatments from gum disease to root fillings, restorations and minor surgery. The laser treatment can also improve healing and provide pain relief.

3.0 Service details

Registered Providers: Dr Craig Gibson and Dr Andrew Wallace	Registered Manager: Dr Andrew Wallace
Person in charge at the time of inspection: Dr Craig Gibson and Dr Andrew Wallace	Date manager registered: 4 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 6 February 2018

The most recent inspection of the establishment was an announced variation care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 4 May 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 26 June 2018 from 11.00 to 12.45.

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; the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011); and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Dr Gibson and Dr Wallace, registered persons and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Dr Gibson and Dr Wallace, 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines, were retained. 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 2017.

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 some areas 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 April 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

The audits are usually carried out by one of the dental nurses. It was confirmed that the findings of the IPS audit are discussed with staff. 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 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 the most recent IPS audit was completed during April 2018, 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, a DAC Universal and a steam steriliser, has been provided to meet the practice requirements. The washer disinfectant, DAC Universal and steriliser had been appropriately validated and inspected in keeping with the written scheme of examination, and equipment logbooks evidenced that periodic tests have been undertaken and recorded in keeping with HTM 01-05.

It was confirmed that the steriliser had recently broken down and a second steriliser had been provided on a temporary basis. Staff confirmed that the steriliser on loan had been validated however; on enquiry the validation had not taken place on site. This was discussed and it was advised that the steriliser on loan should be validated on site. However, following the inspection on 28 June 2018 RQIA received confirmation that the original steriliser had been repaired and the steriliser on loan was no longer on the premises.

Staff were 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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Dr Gibson is the radiation protection supervisor (RPS). Dr Gibson 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. Dr Gibson 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.

Dr Gibson and staff 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 RPS 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 Laser safety

Laser safety

Since the previous care inspection an application was submitted to RQIA by Dr Wallace for a variation of registration to include prescribed techniques or technologies: establishments using a Class 3B or 4 laser. An announced inspection was undertaken on 6 February 2018 and the variation to registration was approved from a care perspective.

Since February 2018 laser procedures have been carried out by Dr Wallace who has knowledge in the use of the dental laser systems. Laser treatment protocols have been developed by Dr Wallace to reflect the treatments undertaken and include:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There is a laser safety file in place. There was written confirmation of the appointment and duties of a certified LPA which will be reviewed on an annual basis.

The practice has local rules in place which have been developed by their LPA during October 2017. The local rules cover:

- potential hazards associated with lasers and intense light sources
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

The name of the person who has overall on-site responsibility for safety during laser treatments was recorded within the local rules.

Dr Wallace is the only laser operator authorised to use the equipment and a register of authorised operators is maintained. Dr Wallace has signed to state that he has read and understood the local rules.

The practice has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date

- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

A health questionnaire and consent form is completed with all patients and retained within their individual care records.

The laser was located in one of the first floor surgeries, which was found to be controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

A laser safety warning sign is used on the door of the identified surgery, and displayed when the laser is in use and removed when not in use as described within the local rules. When the equipment is in use, the safety of all persons in the controlled area is the responsibility of Dr Wallace. It was confirmed that the entrance door to the surgery will be locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. An access code is required to operate the laser which will only be known by the authorised operator.

Protective eyewear was available for the patient, operator and dental nurse as outlined in the local rules.

A carbon dioxide (CO₂) extinguisher suitable for electrical fires was available outside the door of the surgery.

Areas of good practice

A review of laser safety arrangements evidenced that the LPS for this practice takes a proactive approach to the management of laser safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.6 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 Dr Wallace and Dr Gibson.

5.7 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All patients indicated that they felt that 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.

Comments included in the submitted questionnaire responses were as follows:

- “The new hygienist, xxx was excellent.”
- “Reception staff superb.”
- “Completely satisfied with the care and treatment given here.”
- “Very professional, caring practice.”
- “I am very happy with the care of myself and my family.”
- “Being well informed at all times.”
- “All good.”
- “Very happy with all the care and treatment, staff very friendly.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Four staff submitted questionnaire responses to RQIA. Two staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and were either very satisfied or satisfied with each of these areas of patient care. Two staff indicated that they were very unsatisfied with these aspects of patient care. One member of staff was satisfied that the service was well led, two were very unsatisfied and one member of staff was undecided. No comments were included in the submitted questionnaire responses. The responses were discussed with Dr Wallace and Dr Gibson.

Staff spoken with during the inspection did not discuss any issues of concern regarding patient care or the service with the inspector. One member of staff did indicate that a blood spillage kit had been requested for use as an alternative system to the procedure currently in use. This was discussed with Dr Wallace and Dr Craig and they have agreed to give this consideration.

5.8 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 QIP is not required or included as part of this inspection report.



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