

Announced Care Inspection Report 22 May 2018



Ballyholme Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 22A Groomsport Road, Bangor BT20 5LN
Tel No: 028 9146 5625
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.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Ms Lisa Light | Registered Manager: Ms Lisa Light |
| Person in charge at the time of inspection: Ms Ann Allen (practice manager) | Date manager registered: 25 October 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 2 June 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 2 June 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 22 May 2018 from 13.50 to 15.50.

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 two practice managers, one dental nurse and one receptionist. 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 emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline in the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Following the inspection confirmation was submitted to RQIA on 4 June 2018 by email that additional doses of Adrenaline and Buccolam had been provided in the practice as recommended by the HSCB and BNF.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the oropharyngeal airways were observed to be stored out of the packaging and expiry dates had not been recorded. This was discussed with staff and it was agreed that the airways would be replaced. Following the inspection confirmation was submitted to RQIA on 4 June 2018 by email that new oropharyngeal airways had been provided that were stored in their original packaging with expiry dates recorded.

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 occasions staff completed medical emergency refresher training were during February and March 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. Several waste bins provided were not in keeping with best practice and the storage of cleaning equipment needed to be reviewed. Following the inspection confirmation was submitted to RQIA on 23 May 2018 and 4 June 2018 by email that new waste bins had been provided and the storage of cleaning equipment had been reviewed in keeping with best practice.

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, 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 IPS audits are carried out by the practice managers. Discussion with staff confirmed that any learning identified as a result of these audits is shared on completion of the audit.

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 a review of the most recent IPS audit, 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.

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 with the exception of two of the dental hand pieces which are manually cleaned prior to sterilisation. On enquiry, it was confirmed that staff were unsure whether these two dental handpieces were compatible with the washer disinfectant. Processing of hand pieces was discussed with the practice managers and they were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DOH. Following the inspection confirmation was submitted to RQIA on 23 May 2018 by email that all dental handpieces used in the practice are compatible with the washer disinfectant and are now being processed in the washer disinfectant prior to sterilisation.

Appropriate equipment, including a washer disinfectant 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.

| | 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.

The practice managers were 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. The radiation protection supervisor (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.

Staff confirmed that 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 staff.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe, effective, that they were treated with compassion and that they felt the service was well led. Eighteen patients indicated that they were very satisfied and one patient indicated that they were satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Care and service is always excellent.”
- “Very kind staff, great care, always reminding us about our appointments (we are very busy so this is great! Thank you!”
- “I am very nervous patient. Staff always help to settle me and are very kind and caring.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Nine staff submitted questionnaire responses to RQIA. Eight staff indicated that they were either satisfied or very satisfied with patient care and one staff member indicated that they were very unsatisfied with patient care. The inspector had the opportunity to meet with staff on the day of inspection; the staff spoken with confirmed that they were very satisfied with patient care. It is possible that the staff member who submitted a very unsatisfied response in all areas of patient care did so in error.

| | 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)

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