

Announced Care Inspection Report 19 June 2018



Boyd Logue Associates, Coleraine

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

Address: 4-6 Lodge Road, Coleraine BT52 1NB

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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 eight registered places providing NHS and private dental care and treatment.

3.0 Service details

Registered organisation/registered person: Amaris(North Coast) Ltd Responsible Individual: Mr Christopher Bloomer	Registered manager: Mrs Lisa Mairs
Person in charge of the practice at the time of inspection: Mr Christopher Bloomer	Date manager registered: 11 May 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 8

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

The most recent inspection of the Boyd Logue Associates was an announced variation to registration 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 September 2017

As above.

5.0 Inspection findings

An announced inspection took place on 19 June 2018 from 10:00 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 Bloomer, registered person, Mrs Lisa Mairs, registered manager, two dental nurses and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Bloomer and Mrs Mairs 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. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available with the exception of a self-inflating bag with reservoir suitable for use with a child. Mr Bloomer confirmed by email on the afternoon of the inspection that this had been ordered.

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 February 2108.

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.

Inhalation sedation is available as required for patients in accordance with their assessed need. Review of records confirmed that relative anaesthetic (RA) equipment was last serviced in November 2017. A nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001, issued on 06 September 2017, was not available. However, this was submitted by email on the afternoon of the inspection.

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 April 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The audits are carried out by Mrs Mairs and/or the lead decontamination nurse and staff confirmed this is then discussed with them. However, it was noted that an operator chair in surgery 5 was torn. It was suggested that all clinical staff should 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 and identify other areas of non-compliance. Mr Bloomer confirmed by email on the afternoon of the inspection that the operator's chair had been removed for repair and that audits will be completed by staff on a rotational basis.

One of the dental surgeries viewed had wallpaper on the walls. Mr Bloomer is aware this is not in keeping with best practice guidance and confirmed that on refurbishment of the surgery wallpaper will be removed/cladded over.

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.

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, a DAC Universal and four steam sterilisers, has 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. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of carrying out a weekly protein residue test on the DAC Universal. Mr Bloomer confirmed by email on the afternoon of the inspection that arrangements had been made to carry out and record the weekly protein residue test.

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 eight 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.

Mr Bloomer, who is 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. 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. A new intra-oral x-ray unit was installed in surgery 2 in May 2018 and a critical examination was undertaken by the RPA in keeping with good practice.

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 Mr Bloomer, Mrs Mairs and staff. Discussion evidenced that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. Seven indicated that they were very satisfied that their care was safe and effective; four indicated they were satisfied and one indicated a neutral response. Seven patients indicated that they were very satisfied that they were treated with compassion; three indicated they were satisfied and two indicated a neutral response. Eight patients indicated they were very satisfied that the service was well led and four indicated they were satisfied. The following comments were provided in submitted questionnaires:

- “Very impressed with Boyd & Logue.”
- “Very good practice – staff all lovely.”

One staff member submitted a questionnaire response to RQIA. They indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of patient care. Staff spoken with concurred with this. No comments were provided in the submitted questionnaire.

5.7 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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