

Announced Care Inspection Report 12 September 2018



Bradley Surgery Ltd

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

Address: 84 Forthill Street, Enniskillen, BT74 6AJ

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Inspector: Winifred Maguire

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 two registered places.

3.0 Service details

Organisation/Registered Provider: Bradley Surgery Ltd Responsible Individual: Ms Catherine Bradley	Registered Manager: Ms Catherine Bradley
Person in charge at the time of inspection: Ms Catherine Bradley	Date manager registered: 14 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Action/enforcement taken following the most recent inspection dated 11 October 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 11 October 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 12 September 2018 from 10.45 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 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 Catherine Bradley, responsible individual and a dental nurse. A tour of the some of the premises was also undertaken.

The findings of the inspection were provided to Ms Bradley 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 most emergency medicines in keeping with the British National Formulary (BNF), and most emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was noted that the following items were not available, a size 0 oropharyngeal airway, and paediatric pads, scissors and razor for use with the automated external defibrillator. Emergency medicines were stored in a locked cupboard however were not in a portable bag allowing ease of transport in the event of an emergency. Ms Bradley was very receptive to advice and confirmed via electronic mail on 13 September 2018 that all the matters outlined above had been actioned.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Discussion took place in relation to the safe administration of Buccolam and Adrenaline. Ms Bradley confirmed via electronic mail on 13 September 2018 that she had fully reviewed the matter and additional doses of both medicines had been ordered.

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 27 September 2017 and an update has been scheduled for 5 October 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 were clean, tidy and uncluttered. The practice was undergoing some refurbishment work which Ms Bradley confirmed had been carried out to ensure the minimum impact on patients and in line with best infection prevention and control 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, completed during August 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. An action plan had been generated to address the identified issues.

The audits are carried out by Ms Bradley. It was suggested Ms Bradley consider involving other staff when undertaking audits. This will help to empower staff and will promote staff understanding of the audit process, IPC procedures and best practice. Discussion with Ms Bradley confirmed that any learning identified as a result of these audits is shared immediately with staff and at staff meetings, where applicable.

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.

A review of the most recent IPS audit, completed during August 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 Ms Bradley and discussion confirmed that any learning identified as a result of these audits is shared at staff meetings.

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 a steam steriliser 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.

Advice was provided on the completion of machine logbooks in relation to daily checks. Ms Bradley confirmed that full records of daily checks had been commenced on 13 September 2018 and an electronic copy of the daily record sheet was forwarded to RQIA.

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 two surgeries, each of which has an intra-oral x-ray machine.

Ms Bradley 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. It was advised that update training on the most recent changes would be beneficial. Ms Bradley was very receptive to this advice and in an electronic mail on 13 September 2018 confirmed that radiology training for all staff in the practice had been scheduled for 21 November 2018.

A dedicated radiation protection file containing most relevant information was in place. It was advised that the file would benefit from decluttering to allow ease of access to current relevant information. The local rules were noted to require updating. Ms Bradley confirmed via electronic mail on 13 September 2018 that she had contacted the practice's RPA to arrange the updating of the local rules.

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. However these audits were noted to be overdue for completion. Advice was provided on the frequency that these audits should be conducted. Following inspection Ms Bradley provided evidence that x-ray quality grading and justification and clinical evaluation recording audits had been completed on 12 September 2018 and assurances that in the future the frequency of conducting these audits would be in line with best practice.

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 Bradley.

Discussion with Ms Bradley and review of information evidenced that the equality data collected was managed in line with best practice

5.6 Patient and staff views

Eighteen 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. There were no comments included in submitted patient questionnaire responses.

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

Comments included in submitted questionnaire responses are as follows:

- “I am very satisfied that the practice meets all the needs required by staff and patients.”
- “I feel very satisfied that all aspects of patient care are carried out to a high standard.”

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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