

Announced Care and Variation to Registration Inspection Report 12 September 2019



Castlewellan Dental Practice

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

Address: 1 Castle Avenue, Castlewellan, BT31 9DX

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Inspector: Winnie Maguire

www.rgia.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 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with two registered places. An application to vary the registration of the practice to increase the number of dental chairs from two to three has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Provider: Mr Patrick Gibson	Registered Manager: Mr Patrick Gibson
Person in charge at the time of inspection: Mr Patrick Gibson	Date manager registered: 19 December 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2 increasing to 3 following the inspection

4.0 Action/enforcement taken following the most recent inspection dated 25 January 2019

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 25 January 2019

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 2019 from 09.45 to 12.15.

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).

This practice was initially registered with on 19 December 2016 with two dental places. On 24 June 2019 a variation to registration application was submitted to RQIA to increase the number of chairs from two to three.

This inspection focused on the themes for the 2019/20 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

There were examples of good practice found in relation to the management of medical emergencies, infection prevention and control and decontamination, maintenance of the environment and radiology.

No areas of improvement were identified as a result of the inspection and the variation to registration application is granted from a care perspective.

A RQIA estates inspector was in attendance during the inspection and will issue a report under separate cover.

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

During the inspection the inspector met with Mr Patrick Gibson, registered person and one dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Gibson 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 emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained with the exception of Adrenaline 300micrograms auto injector and oropharyngeal airways size 0 to 4, which had exceeded their expiry date. Immediately following the inspection evidence that these items had been purchased was submitted to RQIA.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date however this did not identify the above issues. It was advised to include emergency equipment with their expiry dates on the monthly checklist of emergency drugs and equipment. Advice was provided to Mr Gibson in relation to the safe administration of buccolam. Mr Gibson was receptive to the advice and agreed to risk assess the range and quantity of dosages of buccolam retained in the practice, taking into account the practice's patient profile.

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 on 18 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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Gibson confirmed that conscious sedation is not provided.

5.3 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 June 2019 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 Mr Gibson. It was advised to involve other members of the clinical team in the completion of the audit, to empower and support staff in relation to quality improvement within the practice. Discussion with Mr Gibson and staff confirmed that any learning identified as a result of these audits is shared immediately if necessary and at practice 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.

Mr Gibson confirmed there had been one new clinical staff member recruited in the last year. Review of personnel records in relation to this staff member demonstrated that records were retained to evidence their Hepatitis B vaccination status. The record had been generated by the staff member's GP. It was confirmed that the newly recruited staff member had not been automatically referred to occupational health. Mr Gibson confirmed he had arranged for this staff member to attend occupational health following the inspection. Mr Gibson was advised that in the future all newly recruited clinical staff members must be referred to occupational health.

The arrangements in regards to the third dental surgery were reviewed. The third surgery has been completed to a high standard, the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were safely positioned to prevent unauthorised access and Mr Gibson confirmed they would be signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A laminated/wipe-clean poster promoting hand hygiene is displayed at the hand washing area.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

It was noted there was a non-wipeable chair placed in the new surgery, it was advised that the covering on this chair was not in keeping with best IPC measures. Mr Gibson removed the chair immediately and agreed to review the use of non-wipeable chairs throughout the practice as part of a planned refurbishment programme.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

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

5.4 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 June 2019 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.

Appropriate equipment, including a washer disinfectant and two 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 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

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine. A new intra-oral x-ray machine has been installed in the third surgery. A critical examination of this machine had been conducted on 28 August 2019.

Mr Gibson, the radiation protection supervisor, 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. 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.

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

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

It was confirmed that no complaints have been received in the practice however should a complaint be made; recording templates were provided to ensure that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Gibson is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 Gibson.

It was confirmed that formal arrangements are not in place to implement the collection of equality data within the practice and Mr Gibson was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this data.

5.9 Application to vary registration

An application to vary the registration of the practice was submitted to RQIA to increase the number of registered dental chairs from two to three.

During the inspection process a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report

In addition to the arrangements reviewed, as previously discussed, regarding infection prevention and control and decontamination and radiology, the following records were examined during the inspection:

- statement of purpose
- patient guide

The variation to registration is granted from a care perspective.

As stated previously, a RQIA estate's inspector carried out a premises inspection in relation to the additional dental surgery and will issue a report under separate cover.

5.10 Patient and staff views

Eleven 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.

Comments included in submitted questionnaire responses are as follows:

- "Great staff."
- "Lovely receptionist"

Prior to the inspection staff were requested to complete and submit electronic questionnaire to RQIA. RQIA did not receive any staff questionnaires. Staff spoken with during the inspection expressed positive views with regards to working in the practice.

5.10 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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