

Announced Care Inspection Report 26 June 2018



{my}dentist, Thomas Street

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

Address: 45 Thomas Street, Portadown BT62 3AF

Tel No: 028 38 332656

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 five registered places, providing NHS and private dental care and treatment.

3.0 Service details

Organisation/Registered Provider: IDH Acquisitions Limited Responsible Individual: Ms Nyree Whitley	Registered Manager: Ms Natalie Bowbanks
Person in charge at the time of inspection: Ms Natalie Bowbanks	Date manager registered: 13 November 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Action/enforcement taken following the most recent inspection dated 22 August 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 22 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future.	Met
	Action taken as confirmed during the inspection: Ms Bowbanks confirmed that two staff members had been recruited since the previous inspection. One staff member does not work in the practice whilst the service is	

	operational and therefore an enhanced AccessNI check was not required. Review of documentation in respect of the second staff member confirmed that an enhanced AccessNI check had been undertaken and received prior to the commencement of employment.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.	Met
	Action taken as confirmed during the inspection: The personnel file of one staff member recruited since the previous inspection was reviewed and evidenced that all information as outlined in the legislation had been obtained.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11.3 Stated: First time	The registered person shall ensure that staff induction records are fully completed and signed by the inductor and inductee on completion.	Met
	Action taken as confirmed during the inspection: Review of one completed induction record evidenced that this area for improvement has been addressed.	
Area for improvement 2 Ref: Standard 15.3 Stated: First time	The registered person shall ensure that the safeguarding policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance. The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should be included and the updated policies should be shared with staff.	Met

	<p>Action taken as confirmed during the inspection: Review of the safeguarding policies evidenced that they had been updated as outlined above. Ms Bowbanks and staff spoken with confirmed these had been shared with staff</p>	
<p>Area for improvement 3 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that Buccolam pre-filled syringes are provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB).</p> <p>Action taken as confirmed during the inspection: Review of the emergency medications evidenced that Buccolam was provided in sufficient quantities and doses to facilitate accurate administration as outlined above.</p>	Met
<p>Area for improvement 4 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that all medications are kept in their original packaging.</p> <p>Patient information leaflets should made available for staff reference.</p> <p>Action taken as confirmed during the inspection: Emergency medications were observed to be in the original packaging and information leaflets were available.</p>	Met
<p>Area for improvement 5 Ref: Standard 11.8 Stated: First time</p>	<p>The registered person shall ensure that the unannounced monitoring visit is carried out at least six monthly and encompass all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Reports of the six monthly unannounced visits should be available in the practice for inspection</p> <p>Action taken as confirmed during the inspection: Ms Bowbanks confirmed that reports of the six monthly unannounced monitoring visits were available. Review of the most recent monitoring report completed in January 2018 evidenced that all components as outlined in the legislation were included in the report.</p>	Met

5.0 Inspection findings

An announced inspection took place on 26 June 2018 from 9:55 to 12:25.

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 Natalie Bowbanks, registered manager; two dental nurses, one of whom also undertakes reception duties; and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Bowbanks 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 August 2017. Ms Bowbanks and staff confirmed that medical emergency scenarios are also discussed periodically at staff meetings.

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 provided, by one dentist, to patients as required for patients in accordance with their assessed need. Ms Bowbanks confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration unit and that a nitrous oxide risk assessment was in place. Ms Bowbanks agreed to discuss the risk assessment with the dentist to ensure it is in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

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 December 2017, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by Ms Bowbanks or the lead dental nurse, and staff confirmed that the findings of audits are discussed at staff meetings. It was suggested that the audits be carried out by the dental nurses on a rotational basis; this process 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.

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. Staff confirmed that compatible handpieces had been processed through the washer disinfectant; however, a new washer disinfectant installed on 14 June 2018 did not have portals to facilitate this. Ms Bowbanks confirmed that portals had been ordered and provided assurances that compatible handpieces would be processed through the washer disinfectant on receipt of the portals.

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. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the daily automatic control test for the vacuum steriliser. It was agreed that this would be documented on a daily basis.

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 five surgeries, four of which has an intra-oral x-ray machine. The intra-oral x-ray unit in the fifth dental surgery is no longer in use and has been disabled.

Ms Bowbanks confirmed that the radiation protection supervisors (RPSs) were 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 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

5.5 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 Bowbanks and staff. It was confirmed by Ms Bowbanks and staff that equality data collected was managed in line with best practice.

5.6 Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. Thirteen patients indicated that they were very satisfied or satisfied that their care was safe; two patients indicated a neutral response. Fourteen patients indicated they were very satisfied or satisfied that their care was effective and that the service was well led; one patient indicated a neutral response. All patients indicated that they were very satisfied or satisfied that they were treated with compassion. The following comments were provided in questionnaire responses:

- “Very friendly staff and excellent dentist. I am a very happy patient.”
- “Very friendly staff, good pain free treatment, love the text/phone call reminder.”
- “Very good.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

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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