Announced Care Inspection Report
11 October 2019

Carryduff Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 6 The Crescent, Carryduff, Belfast, BT8 8DW
Tel No: 028 9081 2431
Inspector: Norma Munn

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr Darren Irwin	**Registered Manager:** Ms Lorna Watters
Person in charge at the time of inspection: Mr Darren Irwin	**Date manager registered:** 17 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Action/enforcement taken following the most recent inspection dated 23 November 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 11 October 2019 from 10.00 to 12.10.

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 Darren Irwin, registered person and Ms Lorna Watters, registered manager. A tour of the premises was also undertaken.

Two areas for improvement against the standards have been identified in relation to the provision of emergency medicines and the validation of the decontamination equipment.

The findings of the inspection were provided to Mr Irwin and Ms Watters 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 in the main emergency medicines were retained in keeping with the British National Formulary (BNF). Buccolam had been provided in 5mg, 7.5mg and10mg prefilled syringes however, there was no provision to be able to administer 2.5 mg doses if required. Adrenaline had been provided in auto-injectors in 150 microgram, 300 microgram and 500 microgram strengths. However there was insufficient Adrenaline provided to administer a second dose if required. A discussion took place in relation to the procedure for the safe administration of Buccolam and Adrenaline and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and BNF. Following the inspection RQIA received confirmation that additional Buccolam and Adrenaline had been ordered. An area for improvement against the standards has been made.

Emergency equipment was retained as recommended by the Resuscitation Council (UK) guidelines. The oropharyngeal airways provided did not have expiry dates. This was discussed and Mr Irwin agreed to replace these with oropharyngeal airways that have expiry dates recorded on their packaging. Following the inspection RQIA received confirmation that new airways had been ordered.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mr Irwin was advised to add the new oropharyngeal airways to the expiry date check list.

Review of training records and discussion with Mr Irwin and Ms Watters confirmed that the management of medical emergencies 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 September 2019.

Both Mr Irwin and Ms Watters 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

Buccolam and Adrenaline should be available in the various doses and quantities needed as recommended by the HSCB and in keeping with the BNF.

	Regulations	Standards
Areas for improvement	0	1

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 Irwin confirmed that conscious sedation is not provided in the practice.

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. Mr Irwin confirmed that only one of the surgeries is operational and the two non-operational surgeries are currently being used as storage rooms.

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 September 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Watters confirmed that if areas of noncompliance are identified an action plan would be devised and any learning identified shared with Mr Irwin.

Ms Watters confirmed that she received IPC training commensurate with her role and responsibilities and during discussion it was confirmed that she has a good level of knowledge and understanding of IPC procedures.

The only staff currently working in the practice are Mr Irwin and Ms Watters. Mr Irwin confirmed that should staff be recruited in the future records would be retained to evidence their Hepatitis B vaccination status. Mr Irwin was aware that all newly recruited clinical staff members, new to dentistry, should be referred to an occupational health department.

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.

Arrangements were in place to ensure that Ms Watters receives training in respect of the decontamination of reusable dental instruments commensurate with her role 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 a steam steriliser has been provided to meet the practice requirements. The pressure vessels had been inspected in keeping with the written scheme of examination. However, there was no evidence that the equipment used in the decontamination process had been appropriately validated in keeping with manufacturer's instructions and HTM 01-05. Mr Irwin provided assurances that the equipment would be validated accordingly. Following the inspection RQIA received confirmation that this will take place on 23 October 2019. An area for improvement against the standards has been made.

A review of decontamination equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Ms Watters was 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 in general 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

The decontamination equipment should be validated as outlined in HTM 01-05 and in keeping with the manufacturer's instructions. A copy of the validation certificates should be submitted to RQIA on completion.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, only one of which is operational. An intra-oral x-ray machine is located in a separate x-ray room.

Mr Irwin as the radiation protection advisor is 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. Mr Irwin 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 on 29 August 2018 demonstrated that any recommendations made have been addressed.

The intra-oral x-ray equipment had been last serviced on 20 September 2018. A discussion took place in relation to the frequency of the servicing and Mr Irwin was advised to refer to the manufacturer's guidance. Mr Irwin agreed to ensure that the intra-oral x-ray machine is serviced and maintained in accordance with the manufacturer's guidance. Should this be annually then Mr Irwin has agreed to arrange a service to take place with immediate effect. Following the inspection RQIA received confirmation that this will take place on 23 October 2019.

Mr Irwin has sound knowledge of radiology and radiation safety in keeping with his role and responsibilities.

Mr Irwin 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 Mr Irwin takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No additional 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. It was advised that the policy is amended in accordance with legislation and Doh guidance to clearly identify the referral routes for complainants who were dissatisfied with local resolution to their complaint in relation to NHS and private dental care and treatment. The details of the General Dental Council (GDC) should also be included in keeping with the Minimum Standards for Dental Care and Treatment (2011). Ms Watters agreed to action this immediately following the inspection.

Patients and/or their representatives were made aware of how to make a complaint by way of information on display in the practice. Ms Watters was knowledgeable about how to respond to complaints.

Ms Watters confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. No complaints had been received since the previous inspection. Ms Watters confirmed that should a complaint be received a record would be kept of the complaint including the details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The practice also retains compliments received.

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 additional 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 Irwin 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 Ms Watters.

5.9 Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Both patients indicated that they were very satisfied with each of these areas of their care. One comment was included in the submitted questionnaire responses are as follows:

- "I have no issues with the treatment provided at Carryduff Dental Practice."

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Currently only two members of staff work in Carryduff Dental Practice. One of the members of staff submitted questionnaire responses to RQIA. They indicated that they felt patient care was safe, effective, that patients were treated with compassion, the service was well led and they were very satisfied with each of these areas of patient care.

One comment was included in the submitted questionnaire responses are as follows:

- "I have had another very happy year at Carryduff Dental Practice and am proud to be part of the team."

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Irwin and Ms Watters as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 14 October 2019	The registered person shall ensure that Adrenaline and Buccolam is provided in the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken: Evidence of purchase of 2.5mg Buccolam and ampoules of 1/1000 adrenaline satisfying recommended doses and quantities provided to Inspector and RQIA and acknowledged by Inspector.
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 31 October 2019	The registered person shall ensure that the decontamination equipment is validated as outlined in HTM 01-05 and in keeping with the manufacturer's instructions. A copy of the validation certificates should be submitted to RQIA on completion. Ref: 5.3
	Response by registered person detailing the actions taken: Validation of Statim, DAC and WD along with Functional test of Progeny Preva xray unit carried out. Certificates for same provided to Inspector and RQIA and acknowledged by Inspector.

Please ensure this document is completed in full and returned via Web Portal

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