

Announced Care Inspection Report 14 September 2018



Clogher Valley Dental (Clogher)

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

Address: 25 Main Street, Clogher BT76 0AA

Tel No: 028 8554 8100

Inspector: Stephen O'Connor

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 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 Person: Loughran McNally Ltd trading as Clogher Valley Dental (Clogher)	Registered Manager: Ms Jacqueline Loughran
Responsible Individual: Ms Jacqueline Loughran	
Person in charge of the establishment at the time of inspection: Ms Jacqueline Loughran	Date manager registered: 21 August 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 21 August 2017

The most recent inspection of Clogher Valley Dental (Clogher) was an announced pre-registration care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care pre-registration inspection dated 21 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: Standard 13.4 Stated: First time	The registered person shall ensure that the decontamination room is dedicated to the decontamination process only. The x-ray chemical processor should be removed from the decontamination room.	Met

	<p>Action taken as confirmed during the inspection: It was observed that the x-ray chemical processor has been moved to a store room on the first floor. Review of the decontamination room evidenced that it is dedicated to the decontamination process in keeping with Health technical Memorandum (HTM) 01-05.</p>	
<p>Area for improvement 2 Ref: Standard 8.5 Stated: First time</p>	<p>The registered person shall establish logbooks to record the receipt of new prescription pads and prescribing history.</p> <p>One logbook should record the receipt of new pads and should include the date of receipt, signatures of the two staff receiving the pads, the name of the prescribing dentist, a record of the first and last serial number of each pad and the date and means by which obsolete pads are disposed of.</p> <p>Each dentist should have a prescribing history logbook and should record the name of the prescribing dentist, the details of the patient, the date the prescription was issued and the unique serial number of the prescription.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Ms Loughran and review of logbooks evidenced that one logbook has been established to record pertinent information in relation to the ordering, receipt and disposal of prescription pads.</p> <p>Each dentist has their own log book to record all pertinent information in relation to prescriptions written. A written security policy outlining the arrangements in respect of prescription pads has been developed and implemented. Prescription pads are securely stored. Ms Loughran was advised that she should consider undertaking an audit in relation to prescription pads.</p>	<p style="text-align: center;">Met</p>

5.0 Inspection findings

An announced inspection took place on 14 September 2018 from 09:50 to 12:30.

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 Loughran, registered person and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Loughran 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. It was confirmed that an automated external defibrillator (AED) is not available in the practice. However, Ms Loughran confirmed that the practice has access to two community AEDs which can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines. 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 28 June 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, 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 August 2018 by Ms Loughran, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Loughran confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that any learning would be shared with staff at the time and reinforced during practice meetings.

It was suggested that all clinical staff could 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.

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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this. Ms Loughran was advised that the use of safer sharps should be considered.

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

Review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. Individual risk assessments should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessments should be addressed.

	Regulations	Standards
Areas for improvement	0	1

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.

As discussed 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 areas of good practice.

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 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.

It was observed that the steam sterilisers in place are able to process both wrapped and unwrapped cycles. Staff confirmed that only unwrapped cycles are used to sterilise instruments. It was noted that the periodic test being recorded as a daily steam penetration test was not the appropriate test for the sterilisers in use. Staff were advised that there is no requirement to undertake the test they are currently using and that if they are not sterilising instruments using the wrapped cycle they are not required to undertake a daily steam penetration test. Staff must record in the machine logbooks that they are not processing instruments using the wrapped cycle and therefore a daily steam penetration test is not undertaken.

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

Ms Loughran as the radiation protection supervisor (RPS) 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. Ms Loughran confirmed that they are giving consideration to installing a digital x-ray processing system.

A dedicated radiation protection file containing all relevant information was in place. Ms Loughran 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.

Ms Loughran and all dentists take 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 Additional areas reviewed

During discussion with Ms Loughran it was confirmed that since the previous inspection the practice managed an incident with a patient. As the patient required medical intervention the practice contacted the ambulance service and the patient left the practice in an ambulance. On discussion it was agreed that although this was not a notifiable event to RQIA, as a medical emergency, it should have been notified to RQIA as a safeguarding issue. Ms Loughran was advised that a retrospective notification should be submitted to RQIA in regards to this incident. An area for improvement against the standards has been made in regards to notifiable events.

Areas for improvement

Ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.

	Regulations	Standards
Areas for improvement	0	1

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 Loughran.

5.6 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All eight patients 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 the submitted questionnaire responses are as follows:

- “Very satisfied with care over many years.”
- “Very, very pleased with this dental practice. Couldn’t be happier.”

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

5.7 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 Ms Loughran, registered person, 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 8.5 Stated: First time To be completed by: 09 November 2018	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2
	Response by registered person detailing the actions taken: All staff are trained on the safe use and disposal of sharps within the practice. The use of safer sharps was considered by each Dentist/Hygienist individually. They all declined to use safer sharps based on the Risk assessment carried out. This Risk assessment will be reviewed annually or as required.

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<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person must ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.</p> <p>Ref: 5.5</p>
<p>To be completed by: 14 September 2018</p>	<p>Response by registered person detailing the actions taken: After speaking with the inspector it was agreed that a retrospective report on an incident be submitted to RQIA. This has been completed. A log was also made in the Practice Safeguarding Position report. Staff were debriefed on the incident, learning outcomes were identified that will result in change of both our practice Safeguarding policy and incident mangement procedures accordingly.</p>

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



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