

# **Announced Care Inspection Report 24 May 2018**



## **Comber Dental Practice**

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

**Address: 18 Killinchy Street, Comber BT23 5AP**

**Tel No: 028 9187 2482**

**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://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 four registered places.

## 3.0 Service details

<b>Organisation/Registered Providers:</b> Mr Michael Mooney and Mr Ian Blair	<b>Registered Manager:</b> Mr Ian Blair
<b>Person in charge at the time of inspection:</b> Ms Joanne Bailie	<b>Date manager registered:</b> 30 August 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 4.0 Action/enforcement taken following the most recent inspection dated 14 November 2017

The most recent inspection of the establishment was an announced care inspection. No further actions were required to be taken following the inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 14 November 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 24 May 2018 from 14.00 to 15.45.

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 Mr Mooney and Mr Blair, registered persons; Ms Joanne Bailie, the practice manager; and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Mooney and Ms Bailie 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 July 2017.

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.

Mr Mooney and Ms Bailie advised that earlier that day, prior to the inspection, a patient had become unwell in surgery, and due to the patient's medical history, medical advice had been sought by telephone. Mr Mooney attended the patient who made a full recovery and subsequently did not require medical intervention. Discussion with Mr Mooney and staff indicated that the management of medical emergency procedures applied by practice staff were effective and worked well. Mr Mooney confirmed that the incident would be discussed at the next staff meeting to reflect on the incident and provide a debrief opportunity for all staff.

### 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 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 April 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 six monthly by the lead decontamination nurse, and staff confirmed that the findings of audits are discussed at staff meetings. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice, and provide the staff member with verifiable continuing professional development (CPD).

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.

As discussed a review of the most recent IPS audit, completed during April 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 three DAC Universal machines and a steam steriliser, 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

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has four surgeries, three of which has an intra-oral x-ray machine.

Mr Mooney and Mr Blair were 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 Mooney and Mr Blair are both radiation protection supervisors (RPSs) for the practice and regularly review 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.

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
<b>Areas for improvement</b>	0	0

### **Patient and staff views**

Thirteen patients submitted questionnaire responses to RQIA. All 13 patients indicated that they felt their care was safe, effective, that they were treated with compassion and that they felt the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care.

The following comments were included in submitted questionnaire responses:

- I have always received excellent care from Comber Dental. Dr Mooney is an excellent dentist. The dental hygienist is thorough. The reception staff are friendly and accommodating.”
- “The staff are great and make you feel at ease.”
- “Great practice and I am very satisfied.”
- “This is a very modern focused business.”
- “All staff who work in Comber Dental Practice are fabulous. I cannot praise them enough. All experienced staff who go the extra mile to please and re-assure.”
- “Dr Mooney has always shown interest in my treatment and explains everything fully. My family and I hold him in the highest respect.”
- “This is a superb dental practice. The standard of care/treatment is excellent.”
- “Excellent dental practice.”



During the inspection Ms Bailie indicated that several staff had completed electronic staff questionnaires; however, only two have been received by RQIA. It is acknowledged that some difficulties have been experienced with the introduction of electronic questionnaires and RQIA continue to work to resolve the matter.

Both completed staff questionnaires received indicated that these staff felt patient care was safe and effective, that patients were treated with compassion, and that the service was well led. Both staff members also indicated that they were very satisfied with each of these areas of patient care. No comments were provided in the submitted questionnaires.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.





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