Announced Care Inspection Report
31 July 2018

Crossgar Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 48 Killyleagh Street, Crossgar BT30 9DQ
Tel No: 028 4483 2585
Inspector: Emily Campbell

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr Paul O'Hare	**Registered Manager:** Mr Paul O'Hare
Person in charge at the time of inspection: Mr Paul O'Hare	**Date manager registered:** 9 May 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 18 May 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 18 May 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 31 July 2018 from 09:35 to 11:15.

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).

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

During the inspection the inspector met with Mr Paul O'Hare, registered person; a dental nurse; and a receptionist/dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided Mr O'Hare 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 general, emergency medicines in keeping with the British National Formulary (BNF) was retained. However, there was no availability of Adrenaline 500 mcg for the administration to an adult or a child over 12 years of age in the event of anaphylaxis. This was discussed with Mr O'Hare and an area for improvement was made against the standards that Adrenaline should be provided in sufficient dosage and quantities as outlined in the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 October 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.

On discussion with Mr O'Hare, it was identified that a patient had taken a suspected allergic reaction. Whilst appropriate action was taken the details of the event were not recorded in the incident book. Mr O'Hare readily agreed to address this.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed, in general, 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

Adrenaline should be provided in sufficient dosage and quantities, for administration in the event of anaphylaxis, as outlined in the BNF.

	Regulations	Standards
Areas for improvement	0	1

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, with the exception of the extractor fan

in the decontamination room which was observed to be dusty. An area for improvement against the standards was made that the extractor fan should be cleaned and the cleaning of ventilation grills added to the cleaning schedule.

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 May 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 by the lead decontamination dental nurse. 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. Discussion with staff confirmed that any learning identified as a result of these audits is shared with them.

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.

It was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic, as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable'. Mr O'Hare and 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 each dentist who do not use safer sharps. An area for improvement was made against the standards in this regard.

Areas of good practice

A review of the current arrangements evidenced that, in general, 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

The extractor fan in the decontamination room should be cleaned and cleaning of ventilation grills added to the cleaning schedule.

Consideration should be given to the use of safer sharps. A risk assessment should be undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

	Regulations	Standards
Areas for improvement	0	2

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 and sterilised following use. However, wrapped sterilised instruments are stored in the dental surgeries and the expiry date is not identified; this is not in keeping with best practice guidance as outlined in HTM 01-05. An area for improvement against the standards was made in this regard.

Appropriate equipment, including a washer disinfector 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 (ACT) in respect of the sterilisers. An area for improvement against the standards was made in this regard.

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

Reusable dental instruments are appropriately cleaned and sterilised following use.

Areas for improvement

The expiry date should be identified on wrapped sterilised instruments and they should not be stored in dental surgeries.

The detail of the daily automatic control test (ACT) in respect of the sterilisers should be recorded in the associated logbooks.

	Regulations	Standards
Areas for improvement	0	2

5.4 Radiology and radiation safety

Radiology and radiation safety

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

Mr O'Hare, as the radiation protection supervisor (RPS), was 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 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 Mr O'Hare and staff.

5.6 Patient and staff views

Twenty 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. The following comments were provided in submitted questionnaire responses:

- "I am very satisfied, thank you."
- "Excellent care from team at Crossgar Dental."

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	5

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 Paul O'Hare, 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 12.4 **Stated:** First time **To be completed by:** 13 August 2018	The registered person shall provide Adrenaline in sufficient dosage and quantities, for administration in the event of anaphylaxis, as outlined in the British National Formulary (BNF) Ref: 5.1 **Response by registered person detailing the actions taken:**
Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 13 August 2018	The registered person shall ensure that the extractor fan in the decontamination room is cleaned and cleaning of ventilation grills is added to the cleaning schedule. Ref: 5.2 **Response by registered person detailing the actions taken:**
Area for improvement 3 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 30 September 2018	The registered person shall consider the use of safer 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. A risk assessment should be undertaken and documented by 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:**
Area for improvement 4 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 13 August 2018	The registered person shall ensure that the expiry date is identified on wrapped sterilised instruments and they are not stored in the dental surgeries. Ref: 5.3 **Response by registered person detailing the actions taken:**

Area for improvement 5 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 7 August 2018	The registered person shall ensure that the detail of the daily automatic control test (ACT) in respect of the sterilisers is recorded in the associated logbooks. Ref: 5.3
	Response by registered person detailing the actions taken:

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