

# Announced Care Inspection Report 19 September 2018



## Crumlin Dental Practice

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

**Address: 103 Main Street, Crumlin, BT29 4UU**

**Tel No: 028 9445 3413**

**Inspector: Winifred Maguire**

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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 three registered places.

## 3.0 Service details

<b>Registered Providers:</b> Mr Peter Allen and Mrs Jill Allen	<b>Registered Manager:</b> Mrs Jill Allen
<b>Person in charge at the time of inspection:</b> Mrs Jill Allen	<b>Date manager registered:</b> 25 August 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

## 4.0 Action/enforcement taken following the most recent inspection dated 7 June 2017

The most recent inspection of the Crumlin Dental Practice 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 7 June 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time	The registered person shall update the adult safeguarding policy to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The adult safeguarding policy was reviewed and found to fully reflect the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	The registered person shall ensure that the steam steriliser, which has an area of rust on the outer casing, is repaired or replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An area of rust on the outer casing of the steam steriliser has been repaired.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 10.3 <b>Stated:</b> First time	The registered person shall establish a Freedom of Information Publication Scheme and make it available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A Freedom of Information Publication Scheme was available for inspection.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 14.7 <b>Stated:</b> First time	The registered person shall ensure shall include the reporting arrangements to RQIA in the incident policy.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The reporting arrangements to RQIA has been included in the incident policy.	

## 5.0 Inspection findings

An announced inspection took place on 19 September 2018 from 10.45 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 Peter Allen and Mrs Jill Allen registered persons and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr and Mrs Allen 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 on 30 January 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 some 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 on 12 September 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. An action plan had been generated to address the identified issues.

The audits are carried out by Mrs Allen. It was suggested Mrs Allen consider involving other staff when undertaking audits. This will help to empower staff and will promote staff understanding of the audit process, IPC procedures and best practice. Mrs Allen was very receptive to this advice. Discussion with Mrs Allen confirmed that any learning identified as a result of these audits is shared through staff meetings. Review of the audit found compliance to be very high.

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.

A review of the most recent IPS audit, completed on 12 September 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 Mrs Allen and discussion confirmed that any learning identified as a result of these audits is shared at staff meetings

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 a steam steriliser 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.

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

**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 and Mrs Allen 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. 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 Mr and Mrs Allen.

Discussion with Mr and Mrs Allen and review of information evidenced that the equality data collected was managed in line with best practice.

## 5.6 Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both patients 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.

Comments included in the submitted questionnaire responses are as follows:

- “I have the greatest confidence in each dentist. I have been with them over 12 years and thank them for their calm manner and patience.”
- “I have been a patient at this practice for many years and could not recommend it highly enough. Caring, efficient and friendly staff.”

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**

	<b>Regulations</b>	<b>Standards</b>
<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 or included, as part of this inspection report.



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