

Announced Care Inspection Report 12 March 2019



Aughnacloy Dental Practice

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

Address: 139 Moore Street, Aughnacloy, BT69 6AR

Tel No: 028 8555 7275

Inspector: Steven Smith

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Aughnacloy Dental Practice Mr Denis Kelly	Registered Manager: Mr Denis Kelly
Person in charge at the time of inspection: Mr Denis Kelly	Date manager registered: 05 November 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 20 March 2018

The most recent inspection of the establishment was an announced 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 inspection dated 20 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15 Stated: First time	The registered person shall ensure all staff receive training in safeguarding children and adults at risk of harm as outlined in the Minimum Standards for Dental Care and Treatment 2011.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with Mr Kelly confirmed that all staff have received training in safeguarding children and adults at risk of harm as outlined in the Minimum Standards for Dental Care and Treatment 2011.	
Area for improvement 2	The registered person shall ensure the adult	Met

<p>Ref: Standard 15</p> <p>Stated: First time</p>	<p>safeguarding policy is updated to fully reflect the regional 'Adult Safeguarding Prevention and Protection in Partnership policy' (July 2015) and 'Adult Safeguarding Operational Procedures' (2016).</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>The registered person should locate the fire risk assessment and address any recommendations contained therein.</p>	Partially met
<p>Action taken as confirmed during the inspection: Review of documentation and discussion with Mr Kelly confirmed that the adult safeguarding policy has been updated to fully reflect the regional 'Adult Safeguarding Prevention and Protection in Partnership policy' (July 2015) and 'Adult Safeguarding Operational Procedures' (2016).</p> <p>This area for improvement has been partially met. The relevant element has been stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a written security policy to reduce the risk of prescription theft and misuse is developed and shared with staff.</p>	Met
<p>Action taken as confirmed during the inspection: Review of documentation and discussion with Mr Kelly confirmed that a written security policy had been developed to reduce the risk of prescription theft and misuse which had been shared with staff.</p>		

Area for improvement 5 Ref: Standard 9 Stated: First time	The registered person shall ensure that a patient satisfaction survey to include the quality of treatment and other services provided are undertaken on at least an annual basis. A summary report should be collated and made available to patients.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with Mr Kelly confirmed that a patient satisfaction survey, including the quality of treatment and other services provided, was undertaken during April 2018. A summary report of the results of the survey was displayed on a notice board in the reception area.	

5.0 Inspection findings

An announced inspection took place on 12 March 2019 from 09.30 to 12.00.

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

The findings of the inspection were provided to Mr Kelly 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 May 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 September 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process

The audits are carried out collectively by all clinical staff. Discussion with Mr Kelly confirmed that any learning identified as a result of these audits is shared with staff during staff meetings.

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 confirmed that conventional needles and syringes are used by the dentist when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as is reasonably practicable. Where this is not practicable, a risk assessment should be undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them. An area for improvement against the standards has been made.

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

Safer sharps should be used so far as is reasonably practicable. Where this is not practicable, a risk assessment should be undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified.

	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 previously discussed, review of the most recent IPS audit, completed during September 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process.

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.

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 three surgeries, two of which have an intra-oral x-ray machine.

Mr Kelly, 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.

A dedicated radiation protection file containing all relevant information was in place. Mr Kelly 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 during December 2017 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.

Review of documentation indicated that six monthly x-ray quality audits and annual justification and clinical evaluation recording audits had not been conducted during the previous twelve month period. An area for improvement against the standards has been made.

Areas of good practice

Discussion with staff evidenced that they had a sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Areas for improvement

Six monthly x-ray quality audits and annual justification and clinical evaluation recording audits must be undertaken. Records of these audits should be retained for inspection.

	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 Mr Kelly.

5.6 Patient and staff views

Ten 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.

Two staff members submitted questionnaire responses to RQIA. One indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. One staff member indicated that they were very satisfied with each of these areas of patient care.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3

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 Kelly as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 14</p> <p>Stated: Second time</p> <p>To be completed by: 12 May 2019</p>	<p>The registered person shall address any recommendations contained within the fire risk assessment carried out during June 2018.</p> <p>Ref: 4.1</p> <p>Response by registered person detailing the actions taken: I have addressed the three recommendations 1.Fire resistant insulation has been provided for the electricity circuit board 2 automatic closers have been arranged for the fire doors, not fitted yet but due to be fitted in the next week 3 An EOD has been provided for the front door ie a yale lock for the inside</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2019</p>	<p>The registered person shall ensure that safer sharps are used so far as is reasonably practicable. A risk assessment should be undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: A risk assessment has been undertaken ref use of conventional LA syringes . An action plan has been developed and implemented involving the use of blue rubber bungs around the needle sheath</p>

<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered person shall undertake six monthly x-ray quality audits and annual justification and clinical evaluation recording audits. Records of these audits should be retained for inspection.</p> <p>Ref: 5.4</p>
<p>To be completed by: 12 April 2019</p>	<p>Response by registered person detailing the actions taken: The missing x ray quality audit for december 2018 has been completed and a justification and clinical evaluation recording audit has been done. A system has been put in place to ensure that these are completed six monthly and annually respectively</p>

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



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