

Announced Care Inspection Report 25 September 2018



Ladybrook Dental Surgery

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

Address: 4 Ladybrook Park, Belfast BT11 9EL

Tel No: 028 9030 1999

Inspector: Elizabeth Colgan

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 two registered places.

3.0 Service details

Organisation/Registered Provider: Ms Roisin McKiernan	Registered Manager: Ms Roisin McKiernan
Person in charge at the time of inspection: Ms Roisin McKiernan	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 6 September 2017

The most recent inspection of the Ladybrook Dental Surgery 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 6 September 2017

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: Ref: Standard 15 Stated: First time	Ms McKiernan, as the registered person and designated safeguarding lead, should complete Level 2: Awareness Raising, Recognising and Responding training, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with Ms McKiernan confirmed that Ms McKiernan had completed Level 3: Awareness Raising, Recognising and Responding training, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training in	

	February 2018.	
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5.0 Inspection findings

An announced inspection took place on 25 September 2018 from 09.55 to 11.10.

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 Ms McKiernan, registered person and one dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms McKiernan 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. A discussion took place in relation to the procedure for the safe administration of Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Ms McKiernan confirmed by electronic mail to RQIA on 19 October 2018 that adrenaline 1:1000 1ml ampoules had now been included in the emergency medical kit.

Ms McKiernan also confirmed by electronic mail to RQIA on 19 October 2018 that an automated external defibrillator had been purchased.

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 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 evidenced 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.

During discussion with Ms McKiernan it was identified that conventional needles and syringes are used by some of 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'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. Ms McKiernan forwarded a sharps risk assessment to RQIA by electronic mail on 19 October 2018.

The most recent IPS audit was completed during September 2018. Ms McKiernan confirmed 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. Ms McKiernan confirmed that an action plan has been developed to address the areas identified for improvement.

The audits are carried out by Ms McKiernan who confirmed that any learning identified as a result of these audits is shared 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.

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.

The most recent IPS audit, was completed during September 2018, and had been completed in a meaningful manner.

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 disinfecter, a steam steriliser and a DAC Universal 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 two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing all relevant information was in place. Ms McKiernan as the radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current.

Ms McKiernan 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.

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 Ms McKiernan.

Ms McKiernan confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Nineteen 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 or satisfied with each of these areas of their care. Comments included in in submitted questionnaire responses are as follows:

- “I feel this particular surgery is excellent in all aspects.”
- “Excellent treatment and care provided. Could not be happier.”
- “Very happy with the surgery. Been a patient since 1985.”
- “The surgery provides an excellent service and all concerned are very professional and pleasant.”

One staff member submitted a questionnaire response to RQIA. They indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The member of staff 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	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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