

# Announced Care Inspection Report 19 June 2018



## Derrylin Dental Implant Centre

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

**Address: 77 Main Street, Derrylin BT92 9PE**

**Tel No: 028 6774 8069**

**Inspector: Stephen O'Connor**

[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 Person:</b><br>Mr Aiden Malanaphy               | <b>Registered Manager:</b><br>Mr Aiden Malanaphy |
| <b>Person in charge at the time of inspection:</b><br>Mr Aiden Malanaphy   | <b>Date manager registered:</b><br>6 March 2012  |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment | <b>Number of registered places:</b><br>4         |

## 4.0 Action/enforcement taken following the most recent inspection dated 3 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 3 May 2017

| Areas for improvement from the last care inspection   |  |  |
|---|--|--|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 |  | Validation of compliance                           |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 15 (2)<br><br><b>Stated:</b> Second time      | The registered provider must establish arrangements to ensure that a thorough examination of the passenger lift is carried out every six months in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999.  | <b>Carried forward to the next care inspection</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>An out of order sign was observed to be displayed on the lift doors. Staff confirmed that the power to the lift has been turned off to ensure the lift cannot be accessed. It was confirmed that when installed the lift was not CE (European Conformity) marked. Service |  |

|   |  |                                 |
|---|--|---------------------------------|
|   | <p>engineers have been undertaking work in order to CE mark the lift, one issue has yet to be addressed before the lift can be CE marked and this work is scheduled for the day following the inspection. Once CE marked a thorough examination can be undertaken.</p> <p>A ground floor surgery is available for any patients who cannot access the surgeries located on the first floor.</p> <p>Although evidence was not available to confirm that that this area for improvement had been addressed, the issue is being progressed, as the lift is not operational and this issue poses no risk to patients this area for improvement has been carried forward for review at the next care inspection.</p> |                                 |
| <b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b> |  | <b>Validation of compliance</b> |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>      | <p>The safeguarding lead/champion should undertake formal training in safeguarding children and adults. Adult safeguarding training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised 2016).</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of documentation evidenced that the safeguarding lead for the practice has completed formal training in safeguarding children and adults in keeping with regional guidance.</p>  | <b>Met</b>                      |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>      | <p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussion with staff evidenced that all compatible handpieces are processed in the washer disinfectant prior to sterilisation.</p>  | <b>Met</b>                      |

|   |   |            |
|---|---|------------|
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 14.2<br><b>Stated:</b> First time | The registered provider should ensure that electrical installations have been subjected to suitable safety checks and tests in line with BS7671.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of records evidenced that the fixed electrical installations were inspected in keeping with BS7671. Assurances were provided that the safety checks would be undertaken in keeping with the frequency specified in the inspection report. |            |

**5.0 Inspection findings**

An announced inspection took place on 19 June 2018 from 10:00 to 11:55.

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 Aiden Malanaphy, registered person, a dental nurse who also works on reception and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the dental nurse/receptionist 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 discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Malanaphy has advised that Buccolam and Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. 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 February 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 |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | <b>0</b>    | <b>0</b>  |

**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 June 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 areas that required improvement.

The audits are usually carried out by a dental nurse/receptionist, who confirmed that the findings of the IPS audit are discussed with staff at staff meetings. 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.

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 all four dental chairs have an independent bottled water system and that a commercially available biocide is used to disinfect the dental unit water lines (DUWL's). Staff confirmed that the bottles are removed at the end of the day, rinsed, inverted and left to dry overnight. It was advised that the manufacturer's instructions for the biocide used should be reviewed to ensure the correct procedure in relation to the bottles is followed. Staff readily agreed to do this.

During discussion it was identified that conventional needles and syringes are used by 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'. 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 the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this.

**Areas of good practice**

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given 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**

Review the use of 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.

|                              | Regulations | Standards |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | <b>0</b>    | <b>1</b>  |

**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 June 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 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 in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control (ACT) test in respect of the steam steriliser were not being recorded. An area for improvement against the standards has been 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**

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**

The details of the daily automatic control test (ACT) should be recorded in the steam steriliser logbook.

|                              | <b>Regulations</b> | <b>Standards</b> |
|------------------------------|--------------------|------------------|
| <b>Areas for improvement</b> | <b>0</b>           | <b>1</b>         |

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has four surgeries, three of which have an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Malanaphy 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. 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 staff.

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

**5.6 Patient and staff views**

Six patients submitted questionnaire responses to RQIA. All six patients 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.

Comments included in submitted questionnaire responses are as follows:

- “Friendly caring staff, always happy to help”.
- “Feel very comfortable in this dentist”.
- “Always very satisfied with care in Derrylin, girls & Aidan all very good”.
- “Can’t always get an appointment when you need one”.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No staff completed the electronic questionnaire.

## 5.7 Total number of areas for improvement

|                                       | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 1           | 2         |

## 6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with a dental nurse/receptionist, 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   |  |
|--|--|
| <b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>                                      |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 8.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>14 July 2018 | The registered person shall ensure that safer sharps are 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 for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.<br><br>Ref: 5.2<br><br><b>Response by registered person detailing the actions taken:</b><br>safer sharps has been implemented |

|  |  |
|--|--|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>19 June 2018</p>        | <p>The registered person shall ensure that the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbook.</p> <p>Ref: 5.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>ACT is recorded daily</p>  |
| <p><b>Area for improvement carried forward for review at the next care inspection</b></p>  |  |
| <p><b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b></p>  |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>19 August 2018</p> | <p>The registered provider must establish arrangements to ensure that a thorough examination of the passenger lift is carried out every six months in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999.</p> <p>Ref: 4.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>lift works are ongoing at present. We will notify RQIA once all works are completed.</p> |

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



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