Announced Care Inspection Report
24 May 2019

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

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 2019/20 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
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- 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

Organisation/Registered Person: Mr Aiden Malanaphy	**Registered Manager:** Mr Aiden Malanaphy
Person in charge at the time of inspection: Mr Aiden Malanaphy	**Date manager registered:** 06 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Action/enforcement taken following the most recent inspection dated 19 June 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 19 June 2018

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**
Area for improvement 1 **Ref**: Regulation 15 (2) **Stated:** 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.	**Met**
	Action taken as confirmed during the inspection: When the passenger lift was installed it was not CE (European Conformity) marked. Before a thorough examination of the passenger lift could be undertaken it had to be CE marked. Remedial works have been completed and the passenger lift is now CE	

	marked. Review of records evidenced that thorough examinations of the passenger lift in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 were carried out on 19 October 2018 and 8 May 2019. It was confirmed that the passenger lift will be subject to a thorough examination every six months.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: During discussion Mr Malanaphy confirmed that safer sharps are available and used in the practice by all dentists. Safer sharps were observed to be readily available in the practice.	
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure that the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbook.	**Met**
	Action taken as confirmed during the inspection: It was observed that a pre-printed logbook is used to document the results of periodic tests. Review of the logbook evidenced that the details of the daily automatic control test are being consistently recorded.	

5.0 Inspection findings

An announced inspection took place on 24 May 2019 from 09:55 to 11:50.

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 Malanaphy, registered person, two dental nurses, one of which is the head receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Malanaphy and the dental nurse/head 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 in the main emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Buccolam pre-filled syringes were available in a 10mg dose. In keeping with the Health and Social Care Board (HSCB) sufficient quantity and dosage of Buccolam pre-filled syringes should be retained. The HSCB specify that dental practices should be able to administer all four doses (2.5mg, 5mg, 7.5mg or 10mg) dependent on the patients' age and also be able to administer a second dose to the same patient, if required and that part doses cannot be administered. This was discussed with Mr Malanaphy and the dental nurse/head receptionist who readily agreed to increase the stock of Buccolam. On the 31 may 2019 confirmation was submitted to RQIA that Buccolam pre-filled syringes were available in sufficient quantity and dosage in keeping with HSCB guidance.

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 March 2019.

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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Malanaphy and the dental nurse/head receptionist confirmed that conscious sedation is not provided.

5.3 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 March 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are usually carried out by a dental nurse/receptionist, who confirmed that should the audit identify areas for improvement an action plan would be generated, that the findings of the IPS audit are discussed with staff at the time and again during the next staff meeting. 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.

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**

5.4 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, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector 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
Areas for improvement	**0**	**0**

5.5 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 as the radiation protection supervisor (RPS) was aware of the 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 Malanaphy 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.

All dentists take 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**

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the Patient's Guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints register evidenced that no complaints have been received since the previous care inspection. Discussion with staff and review of the complaints policy and procedure evidenced that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be undertaken to identify trends, drive quality improvement and to enhance service provision.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

As Mr Malanaphy is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 the dental nurse/head receptionist.

5.9 Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All nine 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 nine patients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted questionnaire responses.

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

5.10 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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