Announced Care Inspection Report
30 January 2019

Dobbin Street Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 36 Dobbin Street, Armagh, BT61 7QQ
Tel No: 028 3752 2580
Inspector: Bridget Dougan

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 servicefrom 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 practicewith two registered places.

3.0 Service details

Organisation/Registered Person: Mr Enda McGrane	**Registered Manager:** Mr Enda McGrane
Person in charge at the time of inspection: Mr Enda Mc Grane	**Date manager registered:** 30 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0Action/enforcementtaken following the most recent inspection dated 27 February 2018

The most recent inspection of Dobbin Street Dental Surgery 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 27 February 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 19 (2) Schedule 2 as amended **Stated:** First time	The registered person shall ensure that AccessNI enhanced checks for new members of staff are sought and retained as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 prior to the commencement of employment.	**Met**
	Action taken as confirmed during the inspection: It was confirmed the one member of staff had commenced work in the practice since the previous inspection. Review of records evidenced that AccessNI enhanced checks for the new member of staff were sought and retained as outlined in Schedule 2 of The	

	Independent Health Care Regulations (Northern Ireland) 2005 prior to the commencement of employment.	
Area for improvement 2 **Ref:** Regulation 35 **Stated:** First time	The registered person shallensure that: • the oxygen cylinder is formally checked by an approved engineer • portable suction equipment is available in the practice • oropharyngeal airways size 0 to 4 are available in the practice • a paediatric self -inflating bag with reservoir is available in the practice. In addition robust systems must be established to ensure all emergency medicines are provided in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained.	**Met**
	Action taken as confirmed during the inspection: Review of theemergency equipment evidenced that: • A portable oxygen cylinder, which had been supplied from the local pharmacist,was in place. Assurances were provided that the oxygen cylinder will be replaced when due • portable suction equipment was available • oropharyngeal airways in various sizes 1 to 4 were available • A paediatric self -inflating bag with reservoir was unavailable. The registered person confirmed following the inspection, that an oropharyngeal airway size 0 and a paediatric self -inflating bag with reservoir had been obtained. This area for improvement has been addressed.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that the adult safeguarding policy and the safeguarding children policy are updated to reflect the current regional guidance.	**Met**
	Action taken as confirmed during the inspection: The adult safeguarding policy and the	

	safeguarding children policy have been updated to reflect the current regional guidance.	

5.0 Inspection findings

An announced inspection took place on 30 January 2019 from 11.00 to 13.15.

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 Enda Mc Grane, registered personand four dental nurses.A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Mc Graneand a dental nurse 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) guidelines were retained. Not allemergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A paediatric self -inflating bag with reservoir and an oropharyngeal airway size 0 were unavailable. However, the registered person confirmed, following the inspection that this equipment had been obtained. A 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 January 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

Staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and 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 and tidy.

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 January 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that learning from audits is shared with staff at the time and discussed during staff meetings.

The audit is completed by two identified dental nurses on an annual basis. It was agreed that the frequency of the audit should be increased to six monthly in accordance with best practice. 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.

The management of dental unit water lines (DUWLs) was discussed with Mr McGrane and a dental nurse. Discussion confirmed that whilsta system is in placefor flushing DUWLs, there is no system for the periodicdisinfection of DUWLs to reduce biofilm build-up. An area for improvement was made under the standards that the practice should have a procedure to manage the infection risk from their DUWLs, compliant with the manufacturer's instructions and in accordance with HTM 01-05 guidance.

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

Develop a procedure to manage the disinfection of DUWLs compliant with the manufacturer's instructions and in accordance with HTM 01-05 guidance.

	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 HTM01-05using the IPS audit tool.

Arrangements were in place to ensure that staff receives 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 twosteam sterilisers has been provided to meet the practice requirements.We were informed that a DAC Universal is also available and had been sent for repairs the week prior to the inspection. A written scheme of examination report for the pressure vessels had been completed on 16 January 2019 and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

The most recent validation certificate for the DAC Universal was dated 09 March 2017; howeverwe were unable to evidence validation certificates for the two steam sterilisers. Mr McGrane confirmed via e-mail, following the inspection that the validation tests, which were to be completed in 2018, had not carried out due to scheduling difficulties and that the tests had been arranged for 16 February 2019. It was agreed that the certificates would be submitted to RQIA post inspection. The responsible individual must ensure that all relevant decontamination equipment isvalidated in accordance with manufacturers' guidelines and the timescales identified within HTM 01-05. An area for improvement has been made against the regulations.

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

Evidence of the validation certificates for the decontamination equipment should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).

	Regulations	Standards
Areas for improvement	**1**	**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.

Mr McGrane is the radiation protection supervisor (RPS) and he confirmed that he 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 McGrane 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.

Both 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**

5.5 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 McGrane.

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

5.6 Patient and staff views

Three 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. No additional comments were provided by patients.

No staff submitted questionnaire responses to RQIA.We spoke with four members of staff during the inspection. All staff spoke about the practice in positive terms and no staff expressed any concerns.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**1**

6.0 Quality improvement plan

Areas for improvementidentified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr McGrane, registered person, 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 standardsthis may lead to further enforcement action.It is the responsibility of the registered person to ensure that all areas for improvementidentified 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 providershould 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 withThe Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 31 March 2019	The registered person shall ensure that all relevant decontamination equipment is validated in accordance with manufacturers' guidelines and the timescales identified within HTM 01-05. Evidence of the validation certificates for the decontamination equipment should be submitted to RQIA upon return of the Quality Improvement Plan (QIP). Ref: 5.3
	Response by registered person detailing the actions taken: Arrangements have been made with Henry Schein to validate machines at the end of April, unfortunately a steriliser broke down and we had to postpone the origional one in February while a part was ordered. Henry Schein will be attending the practice to fit the part and validate the machines. We will send on validation certificates as soon as they arrive.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 31 March 2019	The registered person shall seek advice and guidance from the Department of Health (DOH) Sustainable Development Engineering Branch (SDEB) regarding the disinfection of dental unit water lines (DUWLs).Any recommendations made by SDEB should be implemented. Ref: 5.2
	Response by registered persondetailing the actions taken: recommendations implemented, bioclear used to disinfect DUWLs

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

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