Announced Care Inspection Report
4th September 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: Winifred Maguire

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Assurance, Challenge and Improvement in Health and Social Care

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, if applicable
- 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, if applicable

This is a registered dental practice with two registered places.

Organisation/Registered Provider:	**Registered Manager:**

Mr Enda McGrane	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

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the next care inspection.

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) (b) **Stated:** First time	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).	**Met**
	Action taken as confirmed during the inspection: Certificates of validation dated 17 June'19 for all relevant decontamination equipment were in place	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 13 **Stated:** First time	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	**Met**

	recommendations made by SDEB should be implemented.	
	Action taken as confirmed during the inspection: It was confirmed that advice had been sought from Department of Health (DOH) Sustainable Development Engineering Branch (SDEB) and all recommendations had been implemented, including the use of Bioclear to disinfect DUWLs.	

An announced inspection took place on 4 September 2019 from 09.50 to 12.15.

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

The findings of the inspection were provided to Mr McGrane at the conclusion of the inspection.

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 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

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

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

Mr McGrane confirmed that conscious sedation is not provided.

Infection prevention and control (IPC)

During a tour of some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

It was noted there is a non-wipeable chair in each of the surgeries which is not in accordance with best IPC practice. Mr McGrane confirmed that matter of these chairs had been discussed during previous inspections and he had taken the view that they do not present a significant risk in relation to control of infection practice. He agreed to review the use of these chairs in any future refurbishment of the dental surgeries.

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 17 January'19, 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. Mr McGrane was

reminded that the IPS audit should be carried out six monthly. He agreed to reintroduce the carrying out the IPS on a six monthly basis.

The audits are carried out by a dental nurse with the involvement of the team. Discussion with Mr McGrane and staff confirmed that any learning identified as a result of these audits is shared immediately if necessary and at practice 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 there had been no recently recruited staff. Staff confirmed that records are retained to evidence their Hepatitis B vaccination status and that these records had been generated by their GP and an occupational health (OH) department.

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

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available.

It was noted that a small area of flooring at the entrance step to the decontamination room had lifted, presenting a potential trip hazard and was also not in keeping with best IPC practice. Mr McGrane gave assurances that this area would be repaired as a priority.

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 DAC Universal and two steam sterilisers, one of which is not in use, 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 in keeping with HTM 01-05. Whilst the recording of the periodic tests was for the most part in keeping with HTM 01-05, it was noted some daily records had not been completed for a number of days. Staff confirmed on occasions the records of the daily testing are completed every couple of days. Area of improvement was identified against the standards to ensure that the daily periodic testing of decontamination equipment is recorded contemporaneously.

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.

Filled clinical waste bags and sharps boxes were noted to be stored in the decontamination room awaiting collection by the clinical waste contractor.

This is not in keeping with best IPC measures. An area of improvement was identified against the standards that filled clinical waste bags and sharps boxes should not be stored in the decontamination room and an alternative area be identified for their storage which is in line with best IPC practice.

Areas of good practice

A review of the current arrangements evidenced that for the most part 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

Ensure that daily periodic testing of decontamination equipment is recorded contemporaneously.

Filled clinical waste bags and sharps boxes should not be stored in the decontamination room and an alternative area should be identified for their storage which is in line with best IPC practice.

	Regulations	Standards
Areas for improvement	0	2

Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine.

Mr Mc Grane, the radiation protection supervisor, confirmed he was aware of the most recent changes to the legislation surrounding radiology and radiation safety.

There was no evidence of a radiation protection advisor (RPA) and medical physics expert (MPE) having been currently appointed. Documentation relating to the appointment was out of date and unclear. Mr McGrane and staff confirmed they had recently emailed a RPA/MPE and were awaiting a reply. The urgency of this matter was outlined to Mr McGrane. As a result, during the inspection it was confirmed that a visit by a RPA/MPE had been arranged for 12 September 2019 at 2.30pm.

An area of improvement was identified against the standards to ensure there is evidence of the appointment of a RPA/MPE for the practice.

A dedicated radiation protection file containing information was in place. However, it was noted the information contained was out of date and did not reflect current legislation. It was confirmed all the relevant information would be updated and dose assessment audits undertaken with the involvement of the RPA/MPE during the visit on 12 September 2019.

An area of improvement was identified against the standards to ensure all relevant radiology documentation and practice is kept up to date and reflective of current legislation with the involvement of the MPE/RPA. The RPS should undertake a meaningful review the information at least annually.

The RPS undertakes a range of audits, including x-ray quality grading and justification and clinical evaluation recording. Radiology equipment had been serviced during November 2017 and the service certificate had an expiry date of November ’20.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice undertakes radiology audits and ensures that the radiology equipment is maintained in line with manufacturer’s instructions.

Areas for improvement

Ensure there is evidence of the appointment of a RPA/MPE for the practice.

Ensure all relevant radiation documentation and practice is kept up to date and reflective of current legislation with the involvement of the MPE/RPA. The RPS should undertake a meaningful review the information at least annually.

	Regulations	Standards
Areas for improvement	0	2

There was a complaints policy and procedure in place which was in accordance with legislation and 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.

Discussion in relation to complaints confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints will include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements are in place to share information about complaints and compliments with staff.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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

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.

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

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.

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

No comments were included in the submitted questionnaires.

Staff were requested to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA. Two staff were spoken to during the inspection and expressed positive views with regards to the practice.

	Regulations	Standards
Total number of areas for improvement	0	4

Areas for improvement identified 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/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.

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)	
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 4 September 2019	The registered person shall ensure that the daily periodic testing of decontamination equipment is recorded contemporaneously. Ref: 5.4
	Response by registered person detailing the actions taken: The daily periodic testing of decontamination equipment is now recorded contemporaneously.
Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 4 September 2019	The registered person shall ensure that filled clinical waste bags and sharps boxes awaiting collection are not stored in the decontamination room and an alternative area is identified for their storage which is in line with best IPC practice. Ref: 5.4
	Response by registered person detailing the actions taken: Any filled clinical waste bags and sharps boxes awaiting collection are now removed from Deconamnation room and stored in an alternative area away from any public access as per IPC practice.
Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 4 September 2019	The registered person shall ensure there is evidence of the appointment of a RPA/MPE for the practice. Ref: 5.5
	Response by registered person detailing the actions taken: RPA/MPE now appointed and evidence available in practice as per appoinment arranged for 12th September 2019 @2pm .

Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 4 October 2019	The registered person shall ensure all relevant radiology documentation and practice is kept up to date and reflective of current legislation, with the involvement of the MPE/RPA. The RPS should undertake a meaningful review the information at least annually. Ref: 5.5
	Response by registered person detailing the actions taken: New and up to date Radiation Folder now in place after assessment by RPA on 12th September 2019. RPS reviewed new file and all staff up to date with any changes and documentation in new file. All read and understood. System in place to review annually by RPS.

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

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