

Unannounced Care Inspection Report 18 January 2019



Larne Dental Centre

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

Address: 9-11 Glenarm Road, Larne, BT40 1BN

Tel No: 028 2827 8585

Inspector: Carmel McKeegan

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 three registered places. Since the previous inspection the practice name has changed from Donnelly Dental to Larne Dental Centre.

3.0 Service details

Organisation/Registered Provider: Mrs Jillian Saulters	Registered Manager: Mrs Jillian Saulters
Person in charge at the time of inspection: Mrs Jillian Saulters	Date manager registered: 25 February 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 24 August 2017

The most recent inspection of Larne Dental Centre 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 24 August 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
Area for improvement 1 Ref: Regulation 15 (3) Stated: First time	The registered person shall ensure that all reusable dental instruments are processed in the washer disinfectant in accordance with best practice guidance.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that all compatible reusable dental instruments are processed in the washer disinfectant in accordance with best practice guidance. Additional dental handpieces have been purchased to ensure there is sufficient equipment to meet the demands of the dental practice.	

5.0 Inspection findings

An unannounced inspection took place on 18 January 2019 from 10.00 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).

Due to information received by RQIA, a decision was made to conduct an unannounced inspection with a specific focus on the use of single use dental instruments and equipment.

Since the previous inspection Larne Dental Centre has submitted a variation to registration application to increase the number of dental chairs from three to five and to extend the patient waiting area. It was observed that work was ongoing in this regard; Mrs Saulters is aware that a further inspection will be required upon completion of the work to approve this application prior to the new surgeries being used to treat patients.

During the inspection the inspector met with Mrs Jillian Saulters, registered person, the practice manager, an associate dentist and a dental nurse, who is also the lead decontamination nurse within the practice. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Saulters 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). 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. On 25 January 2019 RQIA received confirmation by email that Buccolam pre-filled syringes in 2.5mg and 5mg doses had been obtained, and in sufficient quantities to administer a second dose to any age group, as required. It was also confirmed that a box of Adrenaline 10mg/1ml ampoules was also in place.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. Discussion took place regarding the provision of a paediatric pad for the automated external defibrillator (AED). On 25 January 2019, RQIA received an email which confirmed that a paediatric pad had been ordered.

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 on 2 October 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.

Relative analgesia (RA) is offered in this practice as a form of sedation. A review of records and discussion with Mrs Saulters and staff confirmed that the RA equipment has been serviced in keeping with manufacturer’s instructions. Mrs Saulters confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with the recent DOH guidance issued on 6 September 2017.

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 evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

As previously discussed work was ongoing within the practice in relation to the provision of two new surgeries and the extension of the patient waiting area. The work in this regard was well advanced with much of the structural work has been completed. Discussion with staff indicated that they have had additional cleaning and dusting duties to ensure the clinical areas are maintained as dust free as possible.

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 November 2018, carried out by the lead decontamination nurse in conjunction with the other dental nurses, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The practice manager confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again 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.

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.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received 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 two steam sterilisers 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.

The information received by RQIA related to single-use dental moulds, single use drills and polishers. Best practice specifies that single use items are used on one occasion and disposed of immediately following use. A detailed review of the infection prevention and control and decontamination arrangements evidenced that best practice and legislative requirements in regards to infection prevention and control and decontamination were being adhered to.

Discussion with management and staff indicated that all 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. Staff spoken with stated that single-use dental moulds, single use drills and polishers are not used in the practice.

As previously discussed, the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. A review of the most recent IPS audit, completed during November 2018 carried out by the lead decontamination nurse in conjunction with the other dental nurses, evidenced that the audit had been completed in a meaningful manner. Some of the questions within section five of this audit relate to single use instruments and equipment. The responses within the audit confirmed that being single use instruments were not being reprocessed. The information received by RQIA was not substantiated.

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 three surgeries, each of which has an intra-oral x-ray machine.

Mrs Saulters as radiation protection supervisor (RPS) 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. Mrs Saulters confirmed that she regularly reviews the information contained within the file to ensure that it is current. Since the previous inspection two new intra-oral x-ray machines have been installed, records reviewed confirmed that a critical examination and acceptance test report had been undertaken by the LPA in June 2018.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA on 9 December 2016 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 Mrs Saulters and the practice manager.

5.6 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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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