Announced Care Inspection Report
25 October 2018

Jeremy Doogan Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 8 Finaghy Road South, Belfast BT10 0DR
Tel No: 028 9061 3558
Inspector: Norma Munn

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.

3.0 Service details

Organisation/Registered Provider: Mr Jeremy Doogan	**Registered Manager:** Mr Jeremy Doogan
Person in charge at the time of inspection: Mr Jeremy Doogan	**Date manager registered:** 13 September 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Action/enforcement taken following the most recent inspection dated 8 January 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 8 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 11.4 **Stated:** Second time	A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuous professional development (CPD) requirements, as applicable, and other mandatory training is met by all staff in the practice.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Doogan and staff and a review of records confirmed that a system has been implemented to ensure that the GDC CPD requirements are met by all clinical staff in the practice, including self-employed staff.	

	There was no evidence that fire safety awareness training had been provided however, following the inspection RQIA received confirmation that fire safety awareness training had been provided and all staff had attended.	
Area for improvement 2 **Ref**: Standard 8.3 **Stated:** Second time	X-ray quality grading audits and justification and clinical evaluation audits should be undertaken six monthly and annually respectively. X-ray equipment should be serviced in accordance with manufacturer's instructions. Records should be retained in the radiation protection file.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Doogan and a review of records confirmed that x-ray quality grading audits and justification and clinical evaluation audits have been undertaken six monthly and annually respectively. A review of documentation evidenced that x-ray equipment had been serviced on 24 October 2018 in accordance with manufacturer's instructions.	
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time	The registered person shall audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis.	**Met**
	Action taken as confirmed during the inspection: The IPS audit tool had been completed during August 2018 and Mr Doogan confirmed that this will be undertaken on a six monthly basis.	

5.0 Inspection findings

An announced inspection took place on 25 October 2018 from 11.00 to 13.00.

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 Jeremy Doogan, registered person, the hygienist and one dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Doogan 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 general were provided in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Buccolam medicine was not provided in sufficient quantities and doses as recommended by the HSCB and BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities as recommended. Mr Doogan was advised to increase the supply of Buccolam accordingly. Following the inspection RQIA received photographic evidence to confirm that the supply of Buccolam had been increased.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways in sizes zero, one and two and a self-inflating bag with reservoir suitable for use with a child. Following the inspection RQIA received confirmation and photographic evidence that these items have been ordered.

An automated external defibrillator (AED) had not been provided however, Mr Doogan confirmed that an arrangement is in place to access an AED in close proximity to the practice. A discussion took place regarding the accessibility of this AED in a timely manner. It was confirmed that this AED can be accessed by the dental practice within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

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 September 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 further 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 areas was generally clean and tidy. However, several issues were identified in relation to infection prevention and control that should be addressed as follows:

- The decontamination room should be decluttered to ensure effective cleaning can take place.
- The out of date Hibiscrub should be removed and replaced with mild antiseptic soap.
- The general waste bin in the decontamination room should be replaced with be either a foot or sensor operated waste bin.
- Any gaps/joins in the walls of the decontamination room should be sealed.

Following the inspection RQIA received evidence that these issues had been addressed.

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 August 2018, evidenced that the audit had identified both areas of good practice and areas that require to be improved. As a result of the issues identified in relation to infection prevention and control it is advised that the audit tool is revisited to ensure that it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities. Discussion with staff confirmed that they had a good level of knowledge and understanding of IPC procedures however.

Areas of good practice

A review of the current arrangements evidenced that staff are auditing practice, taking action when issues are identified and staff have knowledge and skills to ensure standards are maintained.

Areas for improvement

No further 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. As discussed a review of the most recent IPS audit, completed during August 2018, evidenced that the audit had identified both areas of good practice and areas that require to be improved.

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 the arrangements in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use are generally in keeping with best practice guidance as outlined in HTM 01-05. However, issues have been identified in relation to the decontamination that are not in keeping with best practice.

Appropriate equipment, including a washer disinfector and two steam sterilisers has been provided to meet the practice requirements. However staff confirmed that the washer disinfector had been out of action since August 2018. Mr Doogan provided evidence to show the actions taken to fix the washer disinfector and confirmed that a new washer disinfector has been purchased. Mr Doogan was advised to contact RQIA when the new washer disinfector is operational. Since the washer disinfector has not been operational staff confirmed that they have been manually cleaning reusable dental instruments prior to sterilising in keeping with HTM 01-05. During discussions, it was confirmed that disposable aprons are not always worn during the decontamination process and that a nail brush was used when manually cleaning the reusable dental instruments. It was advised that disposable aprons should be worn as part of

personal protective equipment (PPE) during the decontamination process and that a long handled brush should be used during the manual cleaning process, in keeping with best practice guidance. Following the inspection RQIA received confirmation that disposable aprons had been reintroduced and long handled brushes had been provided.

The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks reviewed in respect of the sterilisers 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 staff are auditing practice, taking action when issues are identified and staff have knowledge and skills to ensure standards are maintained.

Areas for improvement

No further 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.

Mr Doogan is the radiation protection supervisor (RPS) for the practice. Mr Doogan 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 Doogan confirmed that he regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completed a quality assurance check during February 2018. There was no evidence that the recommendations made within the RPA report had been addressed. Following the inspection RQIA received confirmation that some of the recommendations had been addressed. An area for improvement against the regulations has been made.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Doogan confirmed that he 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

Any recommendations made by the RPA should be addressed and confirmation of this recorded in the radiation protection file.

	Regulations	Standards
Areas for improvement	1	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 Doogan and staff.

5.6 Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led and were very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- “Very pleased.”
- “Very happy with the service, staff and treatment.”

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**0**

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Doogan, 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.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the area 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (1) **Stated:** First time **To be completed by:** 24 November 2018	The registered person shall ensure that any recommendations made by the radiation protection advisor (RPA) are addressed and confirmation is recorded in the radiation protection file. Ref: 5.4
	Response by registered person detailing the actions taken: RPA recommendations completed and radiation protection file signed and updated appropriately.

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

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