

Announced Care Inspection Report 16 January 2019



Downshire Dental Surgery

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

Address: 35 Rathfriland Street, Banbridge, BT32 3LA

Tel No: 028 4062 8108

Inspector: Winifred Maguire

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 two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Jarlath O'Reilly	Registered Manager: Mr Jarlath O'Reilly
Person in charge at the time of inspection: Mr Jarlath O'Reilly	Date manager registered: 13/06/2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 9 January 2018

The most recent inspection of Downshire Dental Surgery 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 9 January 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) as amended Stated: First time	The registered person shall ensure that all recruitment records as outlined in as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are obtained for all new staff, prior to commencement of employment.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>There has been no new staff appointed since the previous inspection. It was confirmed that procedures have been amended to ensure two written references will be obtained prior to new staff commencing employment. Mr O'Reilly gave assurances that recruitment records in as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be obtained for all new staff, prior to commencement of employment.</p>	
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5.0 Inspection findings

An announced inspection took place on 16 January 2019 from 10.00 to 12.30.

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 O'Reilly, registered person, an associate dentist and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr O'Reilly 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was noted that two nasopharyngeal airways retained with the emergency equipment had exceeded their expiry date. These items are not on the list of emergency equipment for dental practices as recommended by the Resuscitation Council (UK). Mr O'Reilly immediately removed them from the practice. A number of insulin syringes were also noted have exceeded their expiry dates. Following inspection Mr O'Reilly confirmed they had been replaced. Glucagon injection was stored out of the fridge; Mr O'Reilly was reminded the expiry date must be adjusted accordingly. Mr O'Reilly confirmed following consultation with the local pharmacist he had adjusted the date. A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Advice was provided on the safe administration of Buccolam pre-filled syringes and Mr O'Reilly confirmed following inspection that he has purchased additional supplies of Buccolam pre-filled syringes.

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 February 2018. An update has been scheduled for 15 February 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 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 3 January 2019, 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.

The audits are carried out by Mr O'Reilly with the involvement of the team. Discussion with 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.

Advice was provided on the provision of blood spillage kits. Mr O'Reilly was receptive to the advice provided.

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.

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 two steam sterilisers has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated. During the inspection, it was confirmed that the written scheme of examination of pressure vessels inspection had been arranged for 14 February 2019.

A review of equipment logbooks evidenced that periodic tests are undertaken. The periodic testing of the steam steriliser Little Sister SES 2010 model was queried, however following inspection it was confirmed the periodic testing is carried out in accordance with HTM 01-05.

The washer disinfectant was out of order on the day of inspection and an engineer had been arranged, who was to attend later that day. Staff confirmed there was sufficient sterilised dental equipment for that day’s patient list, which had been reduced because of the inspection.

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

5.4 Radiology and radiation safety

Radiology and radiation safety

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

Mr O’Reilly 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. It was advised to archive out of date information contained in the file to ensure ease of access to current radiology information.

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. A patient information poster supplied by the RPA in accordance to the IR(ME)R regulations 2018 was stored in the radiation protection file, it was advised to display this poster in an area such as the waiting room to ensure patients have access to the information on the risks and benefits of dental radiology.

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 Mr O'Reilly.

The practice did not collect any equality data on patients and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

5.6 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All 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 patients indicated that they were very satisfied with each of these areas of their care.

No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses to RQIA.

5.7 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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