Announced Care Inspection Report
13 August 2019

Dublin Road Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Adent House, 23 Dublin Road, BELFAST, BT2 7HB
Tel No: 028 9032 5345
Inspector: Emily Campbell

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 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

2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Mark McKelvey	**Registered Manager:** Mr Mark McKelvey
Person in charge at the time of inspection: Mr Mark McKelvey	**Date manager registered:** 8 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 31 July 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 13 August 2019 from 10:15 to 12:05.

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 Mark McKelvey, registered person, the practice manager, who is also a registered dental nurse and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr McKelvey 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. The following issues were identified during the inspection:

- Buccolam was available in 10mg doses only. As per Health and Social Care Board (HSCB) instructions, part doses cannot be administered, therefore additional doses of Buccolam pre-filled syringes should be provided to ensure that the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF are provided
- Aspirin 300mg was provided, however, this was not in dispersible format
- The Glucagon medication was stored in the fridge and daily fridge temperatures were retained. Glucagon medication should be stored at a temperature of 2-8 degrees Celsius, or if not stored in the fridge a revised expiry date of 18 months from the date the Glucagon was received in the practice should be identified. Review of the fridge temperature records evidenced that on several occasions the temperature read 9 degrees Celsius. As this exceeds the recommended temperature, a revised expiry date of 18 months from the date the Glucagon was received in the practice should be identified

The practice manager confirmed by email on 5 September 2019 that additional doses of Buccolam will be provided, Aspirin was available in dispersible format and a revised expiry date was identified on the Glucagon medication.

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, in general, 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

Following confirmation that issues identified had been addressed, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

5.2 Conscious sedation

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

Mr McKelvey confirmed that conscious sedation is not provided.

5.3 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. It was noted that the clinical waste bin in the decontamination room was not pedal operated. Mr McKelvey readily agreed to address this.

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. In addition a range of other IPC audits were carried out.

A review of the most recent IPS audit, completed during June 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice. It was confirmed that if any areas were identified that required to be improved; an action plan would be generated to achieve compliance.

The audits are carried out by the practice manager, who is also the lead decontamination nurse. Staff confirmed that any learning identified as a result of these audits is shared with them.

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 practice manager/lead decontamination nurse plans to commence an online dental nurse decontamination lead course in the near future.

Mr McKelvey confirmed that Hepatitis B vaccination records are retained in respect of all clinical staff.

Mr McKelvey and the practice manager confirmed that no new staff have been recruited since the previous inspection and that any new clinical staff recruited would be referred to Occupational Health.

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

5.4 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 DAC Universal, an ultrasonic cleaner and a steam steriliser, has been provided. All instruments are processed through the DAC Universal, which functions as a washer disinfector and a steriliser, and the ultrasonic cleaner and steriliser are available for back-up in the event of the DAC Universal breaking down. It was confirmed that the DAC Universal meets the practice requirements in respect of the decontamination of instruments.

The DAC Universal was commissioned approximately two weeks prior to the inspection and a work test certificate was available. The steriliser was last validated on 21 September 2018 and arrangements have been made for it to be validated again in September 2019. The ultrasonic cleaner has not been validated within the last year. Mr McKelvey and the practice manager provided assurances that they would make arrangements for this to be validated in September 2019 along with the steriliser.

The air compressor and steriliser have been appropriately inspected in keeping with the written scheme of examination of pressure vessels and equipment logbooks 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 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

5.5 Radiology and radiation safety

Radiology and radiation safety

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

Mr McKelvey is the radiation protection supervisor (RPS) and 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 McKelvey 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, in January 2019, demonstrated that any recommendations made have been signed off as being addressed by Mr McKelvey.

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**

5.6 Complaints management

There was a complaints policy and procedure in place which required further development to ensure it was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. The practice manager confirmed by email on 5 September 2019 that this had been addressed. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints register confirmed that no complaints have been received since the previous inspection. Discussion with Mr McKelvey and the practice manager confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party which would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information and learning from complaints with staff. It was confirmed that audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

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, in general, evidenced that good governance arrangements were in place.

Areas for improvement

Further to communication received, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

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

5.8 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 McKelvey and the practice manager.

5.9 Patient and staff views

Twenty 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 or satisfied with each of these areas of their care. The following comments were provided in submitted questionnaire responses:

- "I am very satisfied with all the treatments I receive at Dublin Road Dental Practice."
- "All has been very good so far."
- "Very happy with service provided."
- "Care in this practice is exemplary."

Three staff submitted questionnaire responses to RQIA. All indicated that they were very satisfied that patient care was safe, effective, that patients were treated with compassion and that the service was well led. The following comment was provided in a questionnaire response:

- "Very happy with patient safety and staff are treated well."

5.10 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.

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