

Announced Care Inspection Report 06 December 2018



{my}dentist, Foyle Spa

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

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Inspectors: Stephen O'Connor & Jo Browne

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 five registered places providing general dental services.

3.0 Service details

Organisation/Registered Provider: IDH Acquisitions Limited Responsible Individual: Ms Krista Whitley	Registered Manager: Mrs Erin McCafferty
Person in charge at the time of inspection: Mrs Erin McCafferty	Date manager registered: 02 July 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

IDH Acquisitions Limited is the registered organisation for five dental practices registered with RQIA. Ms Krista Whitley is the responsible individual for IDH Acquisitions Limited.

4.0 Action/enforcement taken following the most recent inspection dated 27 April 2017

The most recent inspection of the establishment was an announced care inspection.

4.1 Review of areas for improvement from the last care inspection dated 27 April 2017

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 6 December 2018 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 inspectors met with Mrs McCafferty, registered manager, the lead dental nurse and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs McCafferty at the conclusion of the inspection.

5.1 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 generally retained. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes in the various doses and the quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. It was noted that the practice did not retain a supply of the Buccolam 2.5mg pre-filled syringes. This was ordered immediately following the inspection and it was confirmed to RQIA that this was available in the practice on 12 December 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. Daily, weekly and monthly checks of the medical emergency equipment and medicines are undertaken. The daily checks and monthly checks are recorded. The lead dental nurse also checks that the daily checks have been undertaken on a weekly basis and it was advised that this should also be recorded to evidence this good practice.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. Glucagon has a shelf life of 18 months when not stored in the fridge and this should be marked on the medication packaging. The revised expiry date had been identified for Gucagon, which was not stored in a fridge, on the monthly checklist, however this had not been recorded on the medication packaging. This was addressed immediately by the lead dental nurse.

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 August 2018.

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

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 on 10 October 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs McCafferty confirmed that should the audit identify areas for improvement an action plan would be generated and the issues would be addressed.

The audits are carried out by the lead dental nurse. It was suggested that all clinical staff would benefit from participating in the completion of the IPS audit. This will help to empower staff, promote staff understanding of audit, IPC procedures and best practice. Mrs McCafferty confirmed that any learning identified as a result of these audits would be shared in team 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. Staff discussed how it was beneficial to have access to the company's training academy and online training courses to ensure that they remained up to date with their continuing professional development (CPD).

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. Staff have access to the company's training academy and online training courses for CPD.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. It was observed that the illuminated magnification light was positioned between the rinsing sink and the washer disinfectant. This light should be positioned between the washer disinfectant and the steam sterilisers in order to maintain the dirty to clean flow as outlined in HTM 01-05. The light was repositioned by the lead dental nurse during the inspection; the dirty to clean flow is now in keeping with HTM 01-05.

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 the lead dental nurse 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, with the exception of the dental handpieces which are manually cleaned prior to sterilisation. Review of a number of handpieces evidenced that they were compatible with an automated validated process. The processing of hand pieces was discussed with the lead dental nurse. Mrs McCafferty was advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DOH. An area for improvement has been made against the standards to review the procedure for the decontamination of dental hand pieces.

Appropriate equipment, including a washer disinfectant and two steam sterilisers 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 and recorded in keeping with HTM 01-05. The steam penetration test strips for the vacuum steriliser had been stapled in the equipment log book; however the section of the logbook which recorded the details of the test were not completed. An area for improvement in relation to the standards was identified in this regard. It was suggested that "not applicable" is recorded for any periodic tests detailed in areas of the logbook which do not apply to the equipment retained in the practice.

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 in the main 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

The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible dental handpieces should be processed in the washer disinfectant.

The details of the daily steam penetration test should be recorded in the steam steriliser logbooks.

	Regulations	Standards
Areas for improvement	0	2

5.4 Radiology and radiation safety

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is a Cone beam CT (CBCT) and panoramic x-ray which is located in a separate room. The CBCT had recently been installed in July 2018 and will not be in use until all dental staff have received the appropriate training.

Mrs McCafferty and the lead dental nurse were 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. The radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current. It was advised that any out of date information within the radiation protection file should be archived.

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.

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

All dentists take 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

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 McCafferty.

Discussion with Mrs McCafferty and review of information evidenced that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 19 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 19 patients also indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Everything was perfect
- “Was not happy with dentures I got done. Not a good fit. Now have to apply privately for another”

The comment regarding the dentures was shared with Mrs McCafferty who was unaware of any patient feeling dissatisfied with their dentures. She agreed to investigate this issue with the dental team.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No staff responded within the timescale provided.

All staff spoken with during the inspection indicated that they were very satisfied with patient care in regards to care being safe, effective and compassionate and the service being well led.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

6.0 Quality improvement plan (QIP)

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Erin McCafferty, registered manager, 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 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: 07 December 2018	The responsible individual shall ensure that the details of the daily steam penetration test are recorded in the vacuum steriliser logbooks. Ref: 5.3 Response by registered person detailing the actions taken: As advised on day of inspection - This action has been completed and a new process is now in place to record batch numbers as well as documenting the applicable and non-applicable tests .

<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 07 December 2018</p>	<p>The responsible individual shall ensure that the procedure for the decontamination of dental handpieces is reviewed to ensure that they are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible dental handpieces should be processed in the washer disinfector.</p> <p>Ref: 5.3</p>
	<p>Response by registered person detailing the actions taken: A new process was implemented on day of inspection - practice meeting was held and information regarding the use of the washer disinfector for compatible handpieces cascaded to all staff.</p>



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