

Announced Care Inspection Report 6 July 2018



East Belfast Dental Clinic

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

Address: 65 Cregagh Road, Belfast BT6 8PX

Tel No: 028 9045 1966

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 two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Peter McCarron	Registered Manager: Mr Peter McCarron
Person in charge at the time of inspection: Mr Peter McCarron	Date manager registered: 8 July 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Action/enforcement taken following the most recent inspection dated 17 August 2017

The most recent inspection of the establishment 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 17 August 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		
Area for improvement 1 Ref: Standard 11.1 Stated: First time	<p>The registered person shall ensure that all records outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are sought and retained for all new staff prior to commencement of employment.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The recruitment records of two new staff members appointed since the previous inspection evidenced that, in general, all records outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p> <p>However, one new staff member did not have an AccessNI enhanced disclosure check completed by the practice. Mrs McCarron, practice and business manager, stated that this staff member is a trainee dental nurse on placement from a training college and the college confirmed that they had completed an AccessNI enhanced disclosure check in respect of the staff member. The college informed Mr McCarron, registered person, that another AccessNI check was not required.</p> <p>Discussion with Mr and Mrs McCarron ascertained that the trainee dental nurse is also employed in the dental practice to work additional hours outside of college hours, this therefore requires an AccessNI enhanced disclosure check to be completed. Mr and Mrs McCarron readily agreed to address this oversight.</p> <p>On 30 July 2018 RQIA received verification that an AccessNI enhanced disclosure check has been completed for the identified staff member.</p>	

5.0 Inspection findings

An announced inspection took place on 6 July 2018 from 10.30 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).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Peter McCarron, registered person; Mrs Gemma McCarron, practice and business manager; Ms Jo-Ann Ferguson, clinical lead and dental nurse manager; a dental nurse; and two receptionists. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr McCarron, Mrs McCarron and Ms Ferguson 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. 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 22 June 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 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 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 during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified. The audit is carried out by Mr McCarron and various staff within the practice and the staff confirmed that the outcome of the audit is discussed at 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.

As discussed a review of the most recent IPS audit, completed during June 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 disinfectant and steam steriliser, 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.

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.

During discussion Mr McCarron confirmed that there are plans to extend the decontamination room to provide additional work surface space for the operators. Advice and guidance was provided and it was suggested that during the planned work to the room, that an illuminated magnification light is provided and correctly positioned to ensure the dirty to clean flow of the processing of reusable dental instruments. Consideration should also be given to the provision of wall mounted dispensers for the disposable aprons and gloves.

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 McCarron, as the 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. Mr McCarron 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 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.

Mr McCarron 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 Additional areas discussed

Mr McCarron advised that in addition to the planned extension of the decontamination room there are also plans to provide an additional dental surgery on the ground floor. The new surgery will be located within in an existing unused room, at the rear of the premises. Mr McCarron was advised to complete and submit an application of variation to registration to RQIA in this regard.

5.6 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 staff.

5.7 Patient and staff views

Twelve patients submitted questionnaire responses to RQIA prior to the inspection. All 12 indicated that they felt their care was safe and effective, that they were treated with compassion, and that the service was well led and that they were very satisfied with each of these areas of their care. Comments included in in submitted questionnaire responses are as follows:

- 'The reception staff are excellent in terms of care and attention. In cases of when I needed urgent attention they ensured that I was given an appointment at the earliest opportunity. The dentist always explains the problem and solutions in a thorough manner. The hygienist does an excellent job.'
- 'Everyone is very pleasant, courteous and friendly. I find all interactions with the practice to be open professional, efficient and effective. Everyone genuinely cares for you and I feel that I can trust everyone.'
- 'Excellent service provided by a highly skilled team of professionals who deliver a service with effectiveness and efficiency. Always greeted with a smile by the reception staff who provide regular reminders of appointments.'

An additional patient questionnaire was received after the inspection which was discussed with Mrs McCarron by telephone on 30 July 2018.

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

5.8 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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