Announced Care Inspection Report
15 February 2019

Gentle Dentistry Fintona

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 49 Main Street, Fintona, BT78 2AG
Tel No: 028 82840150
Inspector: Steven Smith

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 Marius Monaghan	**Registered Manager:** Ms Julie McCann
Person in charge at the time of inspection: Ms Julie McCann, registered manager	**Date manager registered:** 29 July 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 20 February 2018

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 20 February 2018

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 15 February 2019 from 09.30 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 Julie McCann, registered manager and two dental nurses. A tour of some of the premises was also undertaken.

The findings of the inspection were provided to Ms McCann 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 retained in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF).

It was identified that Buccolam pre-filled syringes were not supplied 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. Ms McCann was advised to increase the supply of Buccolam accordingly. An area for improvement against the regulations has been made.

It was also noted that Glucagon was not stored in the fridge. A discussion took place with regards to the procedure for safe storage of Glucagon as this medication, when not stored in the fridge, has a reduced expiry date. Ms McCann was advised to change the expiry date of this item in keeping with the manufacturer's guidance. Following the inspection RQIA received evidence to confirm that the expiry date for the Glucagon had been changed.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). The practice has access to a community AED located in the premises next door which is available for use during surgery opening hours.

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 that staff completed medical emergency refresher training was during October 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

Ensure Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF.

	Regulations	Standards
Areas for improvement	1	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, were clean, tidy and uncluttered. A gap between the work top and the wall in the upstairs surgery was identified. Following the inspection RQIA received evidence to confirm that the gap had been sealed.

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 February 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The audits are carried out by dental surgery staff and discussion with Ms McCann confirmed that any learning identified as a result of these audits is shared during 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.

It was confirmed that conventional needles and syringes are used by the dentist when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as reasonably practicable. A risk assessment has been undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them.

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 and ensuring staff have the 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. A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned and sterilised following use, in keeping with best practice guidance as outlined in HTM 01-05. Inconsistent practice was evident in relation to the labelling and storage of wrapped, sterilised instruments. An examination of a small sample of dental instruments was undertaken and a number were observed to have been labelled with an expiry date that exceeded the 12 month storage period. Following the inspection the RQIA received evidence that a system has been put in place to ensure that the expiry date applied to wrapped, sterilised dental instruments does not exceed the 12 month storage period.

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.

Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. The written scheme of examination pressure vessels reports was unavailable for examination during the inspection. Following the inspection RQIA received a valid copy of this report.

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 process for reusable dental instruments. The decontamination equipment is appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that the required periodic tests were being undertaken and recorded.

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

Mr Monaghan, registered provider, 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. The radiation protection supervisor (RPS) 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, completed during March 2018, highlighted that a recommendation to register the radiology equipment with the Health and Safety Executive (Northern Ireland) has not been actioned. A further recommendation for servicing and maintenance of radiology equipment in keeping with manufacturer's instructions had not been carried out. Following the inspection RQIA received evidence to confirm that servicing and maintenance of the radiology equipment has been completed. 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.

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 radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas for improvement

Comply with the recommendations of the RPA report. Evidence of compliance must be made available for inspection.

	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 staff.

5.6 Patient and staff views

Three 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. All patients indicated that they were very satisfied with each of these areas of their care.

Comments included in in submitted questionnaire responses are as follows:

- "Excellent staff and dental service"
- "Friendly and approachable"
- "Very confident in dental service"

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	2	0

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Marius Monaghan, registered person and Ms Julie McCann, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (6) **Stated:** First time **To be completed by:** 15 March 2019	The registered person shall ensure that Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF. Ref: 5.1
	Response by registered person detailing the actions taken: Buccolam syringes are now available in sufficient quanties as recommended.
Area for improvement 2 **Ref:** Regulation 15 (1) (b) **Stated:** First time **To be completed by:** 15 March 2019	The registered person shall ensure that all recommendations made by the RPA are addressed and evidence retained of the action taken. Ref: 5.4
	Response by registered person detailing the actions taken: All reccomendations have been addressed and evidence retained.

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

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