

Announced Care Inspection Report 8 January 2019



David Montgomery Dental Practice

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

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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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr David Montgomery	Registered Manager: Mr David Montgomery
Person in charge at the time of inspection: Mr David Montgomery	Date manager registered: 26 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 16 February 2018

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

4.1 Review of areas for improvement from the last care inspection dated 16 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 8 January 2019 from 14.00 to 17.00.

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 Mr Montgomery, registered person, one hygienist and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Montgomery 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 provided 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 provided 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 and the various doses and quantities recommended. Mr Montgomery was advised to increase the supply of Buccolam accordingly. Following the inspection RQIA received evidence to confirm that the supply of Buccolam had been increased.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an oxygen mask suitable for a child. Following the inspection RQIA received evidence to confirm that this item had been provided.

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 January 2018 and further refresher training has been arranged to take place during 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. Staff discussed the action taken during a medical emergency incident that had occurred in the practice. It was confirmed that the incident had been dealt with effectively and compassionately. Mr Montgomery was advised that RQIA should have been notified of this incident and a discussion took place in relation to the submission of notifications to RQIA in line with legislation. Following the inspection RQIA received a notification via the web portal regarding the incident that had occurred.

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 further 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, several issues were identified in relation to infection prevention and control to be addressed as follows:

- the ground floor surgery should be deep cleaned
- colour coded cleaning equipment should be provided and stored in accordance with the National Patient Safety Agency (NPSA) guidance and all staff should be aware of the colour coded system to be used
- all staff should adhere to hand hygiene in keeping with best practice
- sharps boxes should be signed and dated on assembly and closure and stored off the floor
- the fabric covered chair should be removed from the identified surgery
- the toilet rolls stored on top of the toilet cisterns should be wall mounted and excess toilet rolls stored in a clean area
- the torn headrest in the identified dental chair should be repaired
- the practice of using a nail brush to clean reusable dental instruments should cease and a long handled brush should be used during the manual cleaning process

It was good to note that following the inspection other issues identified in relation to IPC had been addressed as follows:

- the decontamination room had been decluttered and deep cleaned
- the gaps where the worktops meet the wall in the identified surgeries had been effectively sealed
- the lighting pull cords in the toilets had been replaced with wipeable pull cords
- foot operated waste bins had been provided
- the alcohol gel/ hand sanitisers that had exceeded their expiry dates were disposed of and replaced with mild liquid antiseptic hand soap

Advice was provided during the inspection in relation to the NPSA cleanliness guidelines and a copy was provided. Mr Montgomery was advised to review the guidelines and update the cleaning schedules for all clinical areas in the practice. An area for improvement has been made against the regulations to address the issues identified in relation to infection prevention and control.

Horizontal venetian blinds were observed to be dusty in the surgeries. Mr Montgomery was advised to review the use of the blinds in keeping with best practice. Following the inspection RQIA received confirmation that the identified blinds had been removed and the surgery windows covered with an opaque material to ensure privacy and dignity is maintained.

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 September 2018, evidenced that the audit had identified both areas of good practice and areas that require to be improved. As a result of the issues identified it is advised that the audit tool is revisited to ensure that it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. An area for improvement against the standards has been made.

Arrangements were in place to ensure that staff received IPC and decontamination training commensurate with their roles and responsibilities. However, it was evident that the issues identified demonstrated a lack of understanding of IPC policies and procedures. An area for improvement has been made against the regulations to ensure that all clinical staff receive refresher training in infection prevention and control in keeping with best practice.

It was confirmed that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Best practice in respect of safer sharps was discussed and staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments should be in place for all staff who do not use safer sharps and where practicable safer sharps should be used, in keeping with legislation and good practice. Where this is not practicable a risk assessment should be completed in respect of all staff who do not use safer sharps. It was advised that the practice should consider using safer sharps. An area for improvement against the standards has been made.

Areas for improvement

Address the issues identified in relation to IPC.

The IPS audit tool should be revisited to ensure that it is meaningful in identifying issues in relation to IPC. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

All clinical staff should receive refresher training in IPC in keeping with best practice. Training records should be made available for inspection.

Safer sharps should be used so far as is reasonably practicable. Where this is not practicable a risk assessment should be undertaken for all dentists who do not use safer sharps.

	Regulations	Standards
Areas for improvement	2	2

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas was available. As discussed issues were identified in relation to IPC within the decontamination area that should be addressed and an area for improvement has been made under section 5.2 of this report.

The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

Mr Montgomery confirmed that appropriate equipment, including two steam sterilisers had been provided to meet the practice requirements. Mr Montgomery confirmed that the sterilisers used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Evidence of the validation of this equipment was forwarded to RQIA following the inspection.

Previously a washer disinfector had been provided however, the washer disinfector had been out of action since 5 September 2018 and had been removed from the premises to be repaired. Since then all reusable dental instruments have been manually cleaned prior to sterilisation. HTM 01-05 PEL (13) 13 states that instruments should be reprocessed using a validated decontamination cycle. Mr Montgomery was advised that manual cleaning is not a validated process and a washer disinfector must be used. RQIA requested further information in relation to the action taken to repair or replace the washer disinfector and Mr Montgomery was advised that a washer disinfector should be provided as a matter of urgency. An area for improvement against the regulations has been made.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05. Since the washer disinfector has not been operational staff confirmed that they have been manually cleaning reusable dental instruments prior to sterilising in keeping with HTM 01-05. As discussed in section 5.2 it was confirmed that a nail brush was used when manually cleaning the reusable dental instruments. It was advised that a long handled brush should be used during the manual cleaning process, in keeping with best practice guidance. On enquiry, staff were unsure regarding the temperature of the water during the manual cleaning process. This was discussed and staff were advised to refer to best practice guidance in relation to the manual cleaning of reusable dental instruments.

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. However, it was advised that all staff involved in the decontamination process should undertake further training in the decontamination process in accordance with best practice.

A review of equipment logbooks evidenced that periodic tests had been undertaken and recorded in keeping with HTM 01-05 with the exception of the daily automatic control test (ACT) in respect of one of the steam sterilisers. Advice and guidance was shared with staff in relation to periodic tests in keeping with best practice. An area for improvement against the standards has been made.

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 a result of the issues identified it is advised that the audit tool is revisited to ensure that it is meaningful in identifying issues in relation to the decontamination process. An area for improvement has been made previously under section 5.2 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 for improvement

All reusable dental instruments should be reprocessed using a validated decontamination cycle. The washer disinfectant should be repaired or a replacement validated washer disinfectant should be installed and incorporated into the decontamination process.

The automatic control test (ACT) for the identified steam steriliser should be undertaken and recorded in line with best practice.

	Regulations	Standards
Areas for improvement	1	1

5.4 Radiology and radiation safety

Radiology and radiation safety

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

Mr Montgomery 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.

Mr Montgomery demonstrated knowledge of radiology and radiation safety in keeping with his role and responsibilities and confirmed that he intends to undertake further training in relation to the legislation surrounding radiology and radiation safety.

A dedicated radiation protection file containing all relevant information was in place. Mr Montgomery confirmed that he regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completed a quality assurance check during November 2017. There was no evidence to confirm that the recommendations made within the RPA report had been addressed. The local rules displayed in the surgeries were dated 2014 and had not been updated. Following the inspection RQIA received confirmation that the recommendations made had been addressed and the local rules replaced with up to date local rules.

Mr Montgomery 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 further 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 staff.

5.6 Patient and staff views

Twenty 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 either satisfied or very satisfied with each of these areas of their care. One comment included in a submitted questionnaire response is as follows:

- “Very happy with care and treatment. Wife and two young children also patients.”

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	3	3

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 Montgomery, registered person, 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 (7) Stated: First time To be completed by: 8 February 2019	<p>The registered person shall address the infection prevention and control issues in keeping with best practice as follows:</p> <ul style="list-style-type: none"> • the ground floor surgery should be deep cleaned • colour coded cleaning equipment should be provided and stored in accordance with the National Patient Safety Agency (NPSA) guidance and all staff should be aware of the colour coded system to be used • all staff should adhere to hand hygiene in keeping with best practice • sharps boxes should be signed and dated on assembly and closure and stored off the floor • the fabric covered chair should be removed from the identified surgery • the toilet rolls stored on top of the toilet cisterns should be wall mounted and excess toilet rolls stored in a clean area • the torn headrest in the identified dental chair should be repaired • the practice of using a nail brush to clean reusable dental instruments should cease and long handled brush should be used during the manual cleaning process <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken: ground floor surgery deep cleaned and cleaning schedule reviewed. Horizontal blinds replaced by window film(also in upper surgery.Staff hand hygiene procedures reviewed. Other issues addressed.Top of electrical conduits resealed</p>

Area for improvement 2 Ref: Regulation 18 (2) Stated: First time To be completed by: 8 March 2019	<p>The registered person shall ensure that all clinical staff receive refresher training in infection prevention and control in keeping with best practice.</p> <p>Training records should be made available for inspection.</p> <p>Ref: 5.2 and 5.3</p> <p>Response by registered person detailing the actions taken: In practice training (NIMDTA) booked for 6/3/19</p>
Area for improvement 3 Ref: Regulation 15(3) Stated: First time To be completed by: 8 February 2019	<p>The registered person shall ensure that all reusable dental instruments are reprocessed using a validated decontamination cycle.</p> <p>The washer disinfectant should be repaired or a replacement validated washer disinfectant should be installed and incorporated into the decontamination process.</p> <p>Ref: 5.3</p> <p>Response by registered person detailing the actions taken: temporary replacement W/D installed. New unit ordered awaiting arrival.</p>
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: 8 February 2019	<p>The registered person shall ensure that the infection prevention society (IPS) audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control and decontamination. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.</p> <p>Ref: 5.2 and 5.3</p> <p>Response by registered person detailing the actions taken: Audit redone and ongoing action plan established</p>

<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</p>	<p>The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.</p> <p>A risk assessment should be undertaken for all staff who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.</p> <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken: Safer sharps adopted,Ultra Safety Plus system used routinely.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2019</p>	<p>The registered person shall ensure that the automatic control test (ACT) in respect of the identified steam steriliser is undertaken daily and recorded in keeping with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices.</p> <p>Ref: 5.3</p>
	<p>Response by registered person detailing the actions taken: Confirmed that ACT was routinely done but not recorded in the correct section of the log book. This has been addressed</p>

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



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