Announced Care Inspection Report
1 November 2018

Greenisland Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 50 Station Road, Greenisland, BT38 8TP
Tel No: 028 9086 0565
Inspector: Carmel McKeegan

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

Responsible Individuals: Dr Beverley Eller Ms Lynne Abbott Ms Carol McVeigh	**Registered Manager:** Dr Beverley Eller
Person in charge at the time of inspection: Dr Beverley Eller Ms Lynne Abbott	**Date manager registered:** 18 July 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 12 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 12 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 01 November 2018 from 14.15 to 16.00.

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 inspector met with Dr Beverley Eller and Ms Lynne Abbott, responsible individuals and a dental nurse. A tour of the premises was also undertaken.

One area of improvement was made against the standards in relation to the decontamination arrangements for the dental handpieces.

The findings of the inspection were provided to Dr Eller and Ms Abbott responsible individuals 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 during December 2017 and an update is scheduled for 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.

Inhalation sedation is available as required for patients in accordance with their assessed need. Review of records confirmed that relative anaesthetic (RA) equipment is serviced annually. Dr Eller and Ms Abbott confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with recent DOH guidance issued on 6 September 2017.

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 the clinical and decontamination areas were 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 18 October 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. An action plan had been generated which confirmed that the issues identified had been addressed.

The IPS audit is carried out by all the dental nurses on a rotational basis; this is good practice as this process helps to empower staff and promotes staff understanding of the audit, IPC procedures and best practice.

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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Dr Eller and Ms Abbott confirmed that it is the responsibility of the user of sharps to safely dispose of them. Dr Eller and Ms Abbott confirmed that the dentists had completed a risk assessment on the management of sharps which had been shared with all staff. Dr Eller and Ms Abbott were advised that the use of safer sharps should be considered.

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 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.

As previously discussed, review of the most recent IPS audit, completed during October 2018 evidenced that the audit had been completed in a meaningful manner. Staff confirmed that any learning identified as a result of these audits is shared during staff meetings.

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, with the exception of dental handpieces which were being manually cleaned prior to sterilisation. Processing of dental handpieces was discussed with Dr Eller and Ms Abbott who confirmed that they had previously been processing all dental handpieces in the washer disinfector, however due to a significant increase in handpieces requiring repair, Dr Eller and Ms Abbott decided to cease processing handpieces in the washer disinfector for a period of two months in attempt to establish if it was this process that was causing the increased faults.

Dr Eller and Ms Abbott were advised to refer to the Professional Estates Letter (PEL) (13)13, dated 24 March 2015, issued to all dental practices, which stated that an increase in faults associated with the processing of dental handpieces in a washer disinfector should be notified to the Northern Ireland Accident and Incident Centre (NIAIC). An area of improvement has been made against the standards to review the procedure for the decontamination of dental handpieces to ensure this process in keeping with HTM 01-05.

Appropriate equipment, including a washer disinfector and a 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 in the main, periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control test (ACT) in respect of the steam steriliser was not recorded in the respective logbook. This was discussed with Dr Eller and Ms Abbott and staff who confirmed that as the ACT is recorded on the data logger for the steriliser, they had considered this to be sufficient. Advice and guidance was provided in relation to HTM 01-05 and it was agreed that the daily ACT results would be recorded in the respective dedicated logbook. It was also observed that a soil test had not been undertaken for the washer disinfector; Dr Eller and Ms Abbott were advised to consult the washer disinfector manufacturer's instructions to establish how often the soil test should be completed.

Assurances were given that the daily ACT test result will be recorded in the steriliser logbook, with immediate effect. Dr Eller and Ms Abbott also confirmed that a soil test will be undertaken in accordance with the washer disinfector manufacturer's instructions, and will be recorded in the washer disinfector log book.

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 management and staff are 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

Review the procedure for the decontamination of dental handpieces to ensure that compatible dental handpieces are processed in keeping with HTM 01-05.

	Regulations	Standards
Areas for improvement	0	1

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.

Ms Abbott 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. Ms Abbott 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.

Ms Abbott 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 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 Dr Eller, Ms Abbott and staff.

5.6 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All 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. The following comments were included in submitted questionnaire responses:

- 'I find this service is excellent and always receive first class treatment.'
- 'Very good practice, very pleasant staff. No complaints.'
- 'The time it takes before you get an appointment is always long. If for instance you need an appointment for repair, it can be two months before one is available.'

The above comments were shared with Dr Eller and Ms Abbott, who stated that emergency appointments are available each day and a system is in place to triage patients in need of urgent attention. Dr Eller and Ms Abbott also stated that there are plans to provide an additional third dental surgery in the practice, advice and guidance was provided to Dr Eller and Ms Abbott regarding the submission of a variation of registration application to RQIA in this regard. This area will be followed up separately following this inspection.

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	0	1

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Beverley Eller and Ms Lynne Abbott, responsible individuals, 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:** 1 November 2018	The responsible individuals shall review the procedure for the decontamination of dental handpieces to ensure that compatible handpieces are processed in accordance with the Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices. Ref:5.3
	Response by registered person detailing the actions taken: After reviewing the letter regarding interim guidance dated 24 March 2015, we have contacted Kavo to ensure compatibility between handpieces and washer disinfector. They have confirmed compatibility, and feel the problems we experienced may have been due to residue being dislodged during the cleaning process. We have been advised to process the handpieces as per guidelines, and to reassess if the problem recurs. We are complying with this, and will report any further problems to NIAIC.

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

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