

Announced Care and Variation of Registration Inspection Report

24 October 2018



Helen's Bay Dental Practice

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

Address: 1B Station Square, Helen's Bay, Bangor BT19 1TN

Tel No: 028 9185 3304

Inspector: Gerry Colgan

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 Gareth Small	Registered Manager: Mr Gareth Small
Person in charge at the time of inspection: Mr Gareth Small	Date manager registered: 20 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two (increasing to three following this inspection)

4.0 Action/enforcement taken following the most recent inspection dated 23 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 23 February 2018

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

5.0 Inspection findings

A combined announced and variation to registration inspection took place on 24 October 2018 from 14.00 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).

An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr Gareth Small, registered person. The application was to increase the number of registered dental chairs from two to three.

The inspection focused on the themes for the 2018/19 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the application of variation. The variation to registration was approved from a care perspective following this inspection.

Mr Raymond Sayers, RQIA estates inspector, contacted Mr Small prior to this inspection and requested specific documents in relation to the premises to be submitted for review. Mr Sayers has reviewed the documents and confirmed approval of the variation application from an estates perspective.

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

During the inspection the inspector met with Mr Small, registered person, the practice manager and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Small 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. Staff complete medical emergency refresher training annually and also have simulation training in medical emergencies on a quarterly basis.

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 the clinical and decontamination areas, was clean, tidy and uncluttered.

The arrangements in relation to the newly established dental surgery were reviewed. The flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in the new surgery. A laminated /wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Mr Small confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bin in the surgery was in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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 been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audits are carried out by the decontamination lead nurse for the practice who confirmed that any learning identified as a result of these audits is shared immediately with all staff and discussed at the 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 the review of the most recent IPS audit, completed during September 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.

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. It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgery.

Appropriate equipment, including a washer disinfector, a DAC Universal 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.

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 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 increased to three surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine located in a separate room.

An intra-oral x-ray machine has been installed in the new surgery. It was confirmed that a critical examination and acceptance test of the newly installed intra-oral x-ray machine had been undertaken by the radiation protection advisor (RPA) during October 2018. No recommendations had been made.

There was evidence that the servicing and maintenance of radiology equipment was in keeping with the manufacturer's instructions for existing x-ray machines. The new intra-oral x-ray machine is under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

Mr Small is the radiation protection supervisor (RPS) for the practice. Mr Small was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a RPA and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The 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 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.

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 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 examined

Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

Patient guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

Recruitment of staff

Mr Small confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

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 Mr Small who confirmed that the equality data collected was managed in line with best practice.

5.7 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All six 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 the submitted questionnaire responses are as follows:

- “My wife and I have been patients with Helens Bay Dental Practice for 24 years.”
- “It may be worth mentioning that I travel from Dublin because I value the service and care that I receive.”

- “Having been to other dentists this is by far superior in treatment and care.”

One member of staff submitted an electronic questionnaire response to RQIA. This person indicated that they felt patient care was safe and effective, that patients were treated with compassion and that the service was well led.

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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