Announced Care Inspection Report
11 December 2018

Hillsborough Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 22 Lisburn Street, Hillsborough, BT26 6AB
Tel No: 028 9268 8388
Inspector: Emily Campbell

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 one registered place.

3.0 Service details

Organisation/Registered Provider: Hillsborough Dental Practice Ltd **Responsible Individual:** Mr Kevin McKelvey	**Registered Manager:** Mr Kevin McKelvey
Person in charge at the time of inspection: Mr Kevin McKelvey	**Date manager registered:** 17 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 1

4.0 Action/enforcement taken following the most recent inspection dated 26 July 2017

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 26 July 2017

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 11 December 2018 from 9:50 to 11:45.

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 Kevin McKelvey, registered person, a dental nurse and a receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr McKelvey 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, in general, emergency medicines in keeping with the British National Formulary (BNF), was retained. One dose of adrenaline 150 mcg and one dose of adrenaline 300 mcg was available and Mr McKelvey provided assurances that second doses could be obtained, if needed, at very short notice from the neighbouring pharmacy. However, there was no provision of 500mcg doses of adrenaline for administration to an adult or child over the age of 12 years in the event of anaphylaxis and the format of buccal midazolam was not Buccolam pre-filled syringes as recommended by the Health and Social Care Board (HSCB). Records of the daily fridge temperatures to monitor that the Glucagon medication was stored between 2 and 8 degrees, often showed temperatures of less than 2 degrees. These matters were discussed in detail. Mr McKelvey confirmed by email on 17 December 2018 that Buccolam and adrenaline had been ordered to ensure that the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF were provided. In addition a new supply of Glucagon had been ordered as the cold chain had been broken and the fridge control was altered to ensure storage within the correct temperature range.

Emergency equipment, as recommended by the Resuscitation Council (UK) guidelines, were retained, with the exception of a self-inflating bag with reservoir, suitable for use with a child, and the oropharyngeal airways were observed to have exceeded their dates of expiry. Mr McKelvey confirmed by email on 17 December 2018 that a self-inflating bag with reservoir, suitable for use with a child had been provided and the oropharyngeal airways replaced.

A system was in place to monitor the expiry dates of emergency medicines and equipment. It was agreed during the inspection that oropharyngeal airways would be included in the checking procedure.

It was confirmed that the management of medical emergencies is included in the induction programme. Formal training was last provided, by a qualified trainer, on 14 June 2017 and informal training was provided in-house in June 2018 by Mr McKelvey. Mr McKelvey was advised that formal training must be provided by a qualified trainer on an annual basis in keeping with best practice guidance. Mr McKelvey confirmed by email on 17 December 2018 that formal training had been booked for 20 January 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.

Areas of good practice

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 for improvement

Following confirmation that the issues identified during the inspection have been addressed, no further areas for improvement were identified.

	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. It was agreed that the light pull cord in the toilet facility which had become dirty would be replaced and cabinetry in the decontamination room would be sealed where it meets the flooring.

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 August 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr McKelvey confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues. Audits are completed by the dental nurse and are then reviewed by Mr McKelvey.

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 identified that conventional needles and syringes are used when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable;' Mr McKelvey confirmed that it is the responsibility of the user of sharps to safely dispose of them and a risk assessment was in place in this regard.

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.

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 disinfector, a DAC Universal and a steam steriliser, has been provided to meet the practice requirements. The DAC Universal is not in use and is awaiting repair. A current validation certificate was in place in relation to the DAC Universal; however, the washer disinfector and steam steriliser have not been validated since March 2017. Mr McKelvey confirmed by email on 17 December 2018 that validation of this equipment had been booked for February 2019. An area for improvement against the regulations was made to ensure that the washer disinfector and steriliser are validated on an annual basis in keeping with HTM 01-05. Copies of the validation certificates should be submitted to RQIA following validation in February 2019.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels.

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, in general, 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

Ensure that the washer disinfector and steriliser are validated on an annual basis in keeping with HTM 01-05. Copies of the validation certificates should be submitted to RQIA following validation in February 2019.

	Regulations	Standards
Areas for improvement	**1**	**0**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has one surgery which has an intra-oral x-ray machine.

Mr McKelvey, 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 McKelvey 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 recommendations made have been addressed, with the exception of six monthly x-ray quality grading audits and annual justification and clinical evaluation recording audits. An area for improvement against the standards was made in this regard. Mr McKelvey confirmed by email on 17 December 2018 that audits were underway.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced, in general, that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

X-ray quality grading audits and justification and clinical evaluation recording audits should be undertaken six monthly and annually respectively.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 Mr McKelvey and staff.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaires:

- "Our family has been with the practice for years and are well looked after. Staff are lovely. Treatment is first class and the surgery is proactive in ensuring you get your treatment."
- "Very pleasant and personal service at this practice."
- "I have been with Hillsborough Dental since Kevin opened the practice, and have always had the highest standard of dental care."
- "Cleanliness/hygiene - 5, Waiting facilities - 5." (5 very satisfied)

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	**1**	**1**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Kevin McKelvey, 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 (2) (b) **Stated:** First time **To be completed by:** 11 March 2019	The registered person shall ensure that the washer disinfector and steriliser are validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05. Copies of the validation certificates should be submitted to RQIA following validation in February 2019. Ref: 5.3
	Response by registered person detailing the actions taken: Certificates to be forwarded to RQIA as soon as available.

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 11 January 2019	The registered person shall ensure that x-ray quality grading audits and justification and clinical evaluation recording audits are undertaken six monthly and annually respectively. Ref: 5.4
	Response by registered person detailing the actions taken: New audits undertaken in Dec 2018

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

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