

# Announced Care Inspection Report

## 28 June 2018



## High Street Dental Practice

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

**Address: 116 High Street, Holywood BT18 9HW**

**Tel No: 028 9042 3934**

**Inspector: Gerry Colgan**

[www.rqia.org.uk](http://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 four registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Sharon Newberry Miss Alison Hall Mr Peter Johnston	<b>Registered Manager:</b> Ms Sharon Newberry
<b>Person in charge at the time of inspection:</b> Ms Sharon Newberry	<b>Date manager registered:</b> 7 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Four

## 4.0 Action/enforcement taken following the most recent inspection dated 18 August 2017

The most recent inspection of the High Street Dental Practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.1 Review of areas for improvement from the last care inspection dated 18 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> First time	<p>The registered persons shall ensure that following issues identified in the environment in relation to infection prevention and control are addressed:</p> <ul style="list-style-type: none"> <li>• all surfaces in clinical areas should be impervious and easily cleaned, any joins or gaps should be sealed</li> <li>• any joins or gaps in the flooring covering in the identified surgery should be sealed</li> <li>• the damaged and rusty shelving in the decontamination room should be made good</li> <li>• the decontamination room should be decluttered to ensure effective cleaning can take place</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A tour of the premises confirmed that the joins and gaps in the floor covering in the identified surgery has been sealed. The damaged and rusty shelving in the decontamination room has been replaced. The decontamination room has been decluttered to ensure effective cleaning can take place. However, some of the wall surfaces in the decontamination room were not impervious and joins and gaps had not been sealed effectively.</p> <p>This area for improvement has not been fully addressed and the unaddressed component will be stated for a second time.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.2  <b>Stated:</b> First time	<p>The registered persons shall ensure that the IPS audit tool is undertaken every six months and any deficits identified should be addressed.</p> <p>Ref: 6.4</p>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that the Infection Prevention Society (IPS) audit is undertaken every six months.	
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## 5.0 Inspection findings

An announced inspection took place on 28 June 2018 from 10.30 to 12.00.

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 Ms Sharon Newberry, registered manager; a dentist; a receptionist; and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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 September 2017.

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 areas was clean, tidy and uncluttered. However, as discussed some of the wall surfaces in the decontamination room were not impervious and joins and gaps had not been sealed effectively. This issue had been identified during the previous inspection and has not been fully addressed. As discussed, this area for improvement has been stated for a second time.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the 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 March 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 one of the dentists and discussion with Ms Newberry confirmed that any learning identified as a result of these audits is shared with all staff 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

All surfaces in clinical areas should be impervious and easily cleaned, any joins or gaps should be sealed.

	Regulations	Standards
Areas for improvement	0	1

### 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 the most recent IPS audit, completed during March 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. As previously stated any learning identified as a result of these audits is shared at 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.

Appropriate equipment, including a washer disinfecter, a DAC Universal and two 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 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

The practice proactively audits 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 four surgeries, each of which has an intra-oral x-ray machine.

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 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 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 Ms Newberry.

The practice did not collect any equality data on patients and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

## 5.6 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All 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 comment was included in the submitted questionnaire responses:

- “I am completely satisfied with the dentist and her staff.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

## 5.7 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Ms Newberry, 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 Minimum Standards for Dental Care and Treatment (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2018	<p>The registered persons shall ensure that all wall surfaces in the decontamination room are impervious and easily cleaned; any joins or gaps should be sealed.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All areas pointed out during the inspection on 18<sup>th</sup> August 2017 had been sealed . The areas on the roof of the decontamination room identified during this inspection have been sealed and the photographs sent to the inspector, Gerry Colgan.            During his visit Gerry Colgan spoke to Alison Hall ( Sharon Newberry was off on annual leave) and she was advised to contact the Equality Commission regarding our monitoring procedure. They have advised us that we are not required to do this as we do not employ a large enough number of staff.</p>

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



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