Announced Care Inspection Report
2 August 2018

Johnston Dentists

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 14 Railway Road, Coleraine, BT52 1PD
Tel No: 028 7034 3151
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

Organisation/Registered Provider: Mr Andrew Johnston	**Registered Manager:** Mr Andrew Johnston
Person in charge at the time of inspection: Mr Andrew Johnston	**Date manager registered:** 13 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Two

4.0 Action/enforcement taken following the most recent inspection dated 11 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 11 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 2 August 2018 from 10.00 to 12.15.

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 Johnston, registered person, an associate dentist and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Johnston 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) had been retained. It was noted that the Glucagon medication was stored in the fridge however the fridge temperature was not checked daily to ensure the medication was stored between 2 and 8 degrees Celsius. Mr Johnston was aware that this medication can be stored at room temperature with a revised expiry date. Mr Johnston confirmed that the Glucagon medication will continue to be kept in the fridge and that daily checks of the fridge temperatures will be recorded and available for inspection.

A discussion also took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Mr Johnston has advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 on 21 June 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.

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 during July 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

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'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this.

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

Consideration should be given to the use of safer sharps. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

	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.

As discussed a review of the most recent IPS audit, completed during June 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 are manually cleaned prior to sterilisation. It was identified that the washer disinfector was not fitted with portals to hold the handpieces during the automated cleaning process. Observation of a random sample of handpieces identified that some handpieces were compatible with processing in a washer disinfector. Processing of handpieces was discussed with Mr Johnston who was advised that portals can be procured for the washer disinfector and referred to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DHSSPS. An area of improvement has been made against the standards to address this.

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. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the soil test in respect of the washer disinfector. An area for improvement against the standards was made in this regard. Pressure vessels were examined under the written scheme of examination of pressure vessels in April 2018.

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, in general, 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

Compatible dental handpieces should be processed in the washer disinfector.

A soil test should be completed for the washer disinfector in accordance with the manufacturer's instructions and the details recorded in the washer disinfector logbook.

	Regulations	Standards
Areas for improvement	0	2

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.

Mr Johnston 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 Johnston 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 with the exception of one area in relation to the routine functional testing of both x-ray machines to be undertaken by an x-ray service engineer. Mr Johnston confirmed he undertakes regular visual checks of the x-ray equipment however the functional test had not yet been completed by an x-ray engineer. An area for improvement has been made against the standards in this regard.

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

Routine functional testing of each x-ray machine should be undertaken by a service engineer in accordance with the respective manufacturer's instructions and the recommendation made by the RPA.

	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 Johnston.

5.6 Patient and staff views

Thirteen 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 and also indicated that they were either very satisfied or satisfied with each of these areas of their care. The following comment was included in a submitted questionnaire:

- "I have been a patient of Johnston for my life time, they are very professional and friendly people. The dental nurses are very professional too."

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	4

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 Andrew Johnston, 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 02 September 2018	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. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2
	Response by registered person detailing the actions taken: A written Risk assessment has been produced
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 02 September 2018	The registered person shall ensure that any compatible dental handpieces are processed in the washer disinfector. Portals for the washer disinfector should be supplied to facilitate this process. Ref: 5.3
	Response by registered person detailing the actions taken: .Our WD machine is not compatable with handpiece portals
Area for improvement 3 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 02 September 2018	The registered person shall ensure that a soil test is completed for the washer disinfector in accordance with the manufacturer's instructions and the details recorded in the washer disinfector logbook. Ref: 5.3
	Response by registered person detailing the actions taken: Soil Test kits are now being used

Area for improvement 4 **Ref**: Standard 14.4 **Stated:** First time **To be completed by:** 2 September 2018	The registered person shall that routine functional testing of x-ray each machine is undertaken by a service engineer in accordance with the respective manufacturer's instructions and the recommendation made by the RPA. Ref: 5.4
	Response by registered person detailing the actions taken: This has been discussed with our RPA and units will be checked when engineer next visits us.

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

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