Announced Care Inspection Report
24 July 2018

Garvagh Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 110 Main Street, Garvagh, Coleraine BT51 5AE
Tel No: 028 2955 8818
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 two registered places.

3.0 Service details

Organisation/Registered Provider: Garvagh Dental Ltd **Responsible Individual:** Mr David Madden	**Registered Manager:** Mr David Madden
Person in charge at the time of inspection: Mr David Madden	**Date manager registered:** 24 November 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 1 June 2017

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 1 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 19 (2) Schedule 2 **Stated:** First time	The registered person shall ensure that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is obtained prior to commencement of employment.	**Met**
	Action taken as confirmed during the inspection: Mr David Madden confirmed that one staff member had been recruited since the previous inspection. Review of the personnel file in respect of this	

	staff member evidenced that all information as listed in the legislation had been obtained and retained.	
Area for improvement 2 **Ref:** Regulation 15 (3) **Stated:** First time	The registered person shall ensure that a logbook is established for the washer disinfector and the relevant information and periodic tests recorded as outlined in HTM 01-05. A copy of the washer disinfector validation certificate should be submitted to RQIA	**Met**
	Action taken as confirmed during the inspection: A pre-printed logbook had been established in respect of the washer disinfector and the appropriate periodic tests had been recorded. A copy of the washer disinfector validation report was submitted to RQIA on 30 June 2017.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 11.3 **Stated:** First time	The registered person shall ensure that an induction programme is completed and retained for any new staff, including self-employed staff, recruited in the future.	**Met**
	Action taken as confirmed during the inspection: Mr Madden confirmed that induction templates had been established for staff in various roles. Induction templates were available with the exception of one for a dentist; however, Mr Madden confirmed this had also been developed and submitted it by on the evening of the inspection. An induction programme had been completed in respect of the staff member recruited since the previous inspection.	
Area for improvement 2 **Ref**: Standard 11.2 **Stated:** First time	The registered person shall ensure that all records pertaining to the recruitment and selection of staff should be available for review by inspectors	**Met**

	Action taken as confirmed during the inspection: Personnel files have been established in respect of all staff and were available for review. Personnel files included records pertaining to the recruitment and selection.	
Area for improvement 3 **Ref**: Standard 11.1 **Stated:** First time	The registered person shall ensure that AccessNI disclosure certificates are handled in keeping with the AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.	**Met**
	Action taken as confirmed during the inspection: A log had been established containing information as outlined in the AccessNI code of practice. AccessNI enhanced disclosure certificates had been handled in keeping with the AccessNI code of practice.	
Area for improvement 4 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that all staff receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that staff had completed safeguarding training in keeping with the Minimum Standards.	
Area for improvement 5 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that the safeguarding policies are updated to fully reflect the regional policy and guidance documents entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.	**Met**
	Action taken as confirmed during the inspection: Safeguarding policies had been further developed. However, the safeguarding adults policy still made reference to the term vulnerable adults. Mr Madden agreed to	

	amend the policy, and he emailed the amended policy to RQIA on the evening of the inspection.	
Area for improvement 6 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall review the procedure for the decontamination of dental handpieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.	**Met**
	Action taken as confirmed during the inspection: Mr Madden and a dental nurse confirmed that compatible dental handpieces are processed through the washer disinfector.	
Area for improvement 7 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure that a daily automatic control test is undertaken and recorded in the steriliser logbook. The logbook for the steam steriliser and any further equipment used in the decontamination process should include the accurate details of the machine/s as outlined in HTM01-05.	
	Action taken as confirmed during the inspection: The practice has a washer disinfector and two steam sterilisers. Pre-printed logbooks had been established for each piece of decontamination equipment and details regarding the equipment were recorded. The daily automatic control test (ACT) was recorded in each logbook; however, the sterilisation hold time, which forms part of the ACT was not recorded consistently in one logbook. Mr Madden and the dental nurse readily agreed to address this.	**Met**
Area for improvement 8 **Ref**: Standard 13.2 **Stated:** First time	The registered person shall address the following issues in relation to infection prevention and control in keeping with best practice guidance: • All clinical waste bins should be foot or sensor operated. • All handtowels should be wall mounted.	**Met**

	• Hand hygiene signage should be displayed at all hand wash basins.	
	Action taken as confirmed during the inspection: Observations made evidenced that the issues identified above have been addressed.	
Area for improvement 9 **Ref**: Standard 14.5 **Stated:** First time	The registered person shall develop a written security policy for the management of prescription pads/forms to reduce the risk of prescription theft and misuse.	**Met**
	Action taken as confirmed during the inspection: A written security policy for the management of prescription pads/forms to reduce the risk of prescription theft and misuse had been developed; however, it lacked detail. This was discussed with Mr Madden and a more detailed policy was submitted to RQIA on the evening of the inspection.	
Area for improvement 10 **Ref**: Standard 8 **Stated:** First time	The registered person shall review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Madden, observations made and review of documentation evidenced that quality assurance and governance arrangements had been established.	

5.0 Inspection findings

An announced inspection took place on 24 July 2018 from 9:50 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 Mr David Madden, registered person; a dentist; two dental nurses; and a receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Madden 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) were retained. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). However, Mr Madden confirmed that the practice has access to an AED from the medical practice located on the same grounds as the practice. Mr Madden confirmed that this AED can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

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 March 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. It was confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration unit and that an air scavenging system has been installed. A nitrous oxide risk assessment was available and suggestions were made on how this could be further developed. A revised nitrous oxide risk assessment was submitted to RQIA by email on the afternoon of the inspection, which was in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 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, was 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 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Madden confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits are carried out by Mr Madden and it was confirmed that the findings of the IPS audit are discussed with staff at staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

It was identified that conventional needles and syringes are used by the dentists 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 Madden and staff confirmed that it is the responsibility of the user of sharps to safely dispose of them; however, a sharps risk assessment was not in place for each dentist who is not using safer sharps. Individual sharps risk assessments for each dentist were submitted to RIQA by email on 25 July 2018.

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.

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 and two steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and sterilisers have been inspected in keeping with the written scheme of examination. In the main equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, as discussed previously, the sterilising hold time of the ACT in respect of one steriliser was not consistently recorded in the associated logbook. It was confirmed that this would be addressed with staff.

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 two 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 Mr Madden and the receptionist.

5.6 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All patients indicated that they were very satisfied that the care was effective and the service was well led. Three patients

indicated they were very satisfied the care was safe and they were treated with compassion; one patient indicated they were satisfied with these areas of their care. Comments included in submitted questionnaire responses are as follows:

- "Very friendly staff, refreshments were offered, very willing to see me at short notice."
- "Friendly staff, cups of tea given. Always get me booked in ASAP."
- "Saw me for toothache on same day. Staff very welcoming. Was very glad to be seen to get out of toothache."

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	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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