

Announced Follow-up Care Inspection Report 18 January 2019



Quinndental

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 53 Main Street, Randalstown BT41 3BB
Tel No: 028 9447 2311
Inspectors: Norma Munn and Lynn Long

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Liam Quinn	Registered Manager: Mr Liam Quinn
Person in charge at the time of inspection: Mr Liam Quinn	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection was carried out on 4 October 2018 and focused on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety

Several issues were identified during the inspection which resulted in three areas of improvement against the regulations and six areas of improvement against the standards being made. As a result of the issues identified Mr Liam Quinn, registered person was invited to attend a concerns meeting held at RQIA on 10 October 2018. During the meeting Mr Quinn provided a full account of the actions taken to address the identified issues and to ensure the minimum improvements necessary to achieve compliance. RQIA was assured that the appropriate actions to address the issues identified were being taken. At the conclusion of the meeting it was agreed that a follow up inspection would be undertaken to assess compliance with the areas for improvement identified.

Subsequently, a follow up inspection took place on 18 January 2019 from 10.00 to 11.00 to ascertain the progress made. This inspection evidenced that significant progress had been made towards achieving compliance with the areas for improvement identified during the inspection on 4 October 2018.

No areas for improvement were identified during this inspection.

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).

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Quinn as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 4 October 2018

As previously discussed, as a result of the issues identified during the inspection on 4 October 2018, a concerns meeting was held on 10 October 2018.

At this meeting, Mr Quinn provided an account of the actions taken to ensure the minimum improvements necessary to achieve compliance with the areas for improvement identified. RQIA was assured that the appropriate actions to address the issues identified were being taken. At the conclusion of the meeting it was agreed that a follow up inspection would be undertaken to assess compliance with the areas for improvement identified.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- any notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection

During the inspection the inspectors met with Mr Quinn, registered person, a dental nurse and a receptionist who is also a dental nurse.

A sample of records was examined in relation to the following areas:

- management of medical emergencies
- infection prevention and control
- decontamination
- radiology and radiation safety

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Quinn at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 October 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 October 2018

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
<p>Area for improvement 1</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that training for staff in the management of a medical emergency includes the safe administration of emergency medicines in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF) and any training provided is embedded into practice.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Quinn and staff and a review of training records evidenced that the management of medical emergency refresher training had been undertaken on 14 November 2018. The training had included the safe administration of emergency medicines in keeping with the HSCB guidance and the BNF. Evidence was also available to confirm that Mr Quinn had provided a team talk and tutorial in relation to the safe administration of emergency medicines. Mr Quinn has given assurances that the training provided has and will be embedded into practice.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Relative Analgesia (RA) equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Mr Quinn and a review of documentation evidence that the RA equipment had been serviced during October 2018.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the radiation protection supervisor (RPS) reviews the radiation protection file to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date. Any recommendations made by the radiation protection advisor (RPA) should be addressed and confirmation recorded in the radiation protection file.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the previous inspection Mr Quinn confirmed that he had reviewed the radiation protection file and all recommendations outlined in the RPA report had been addressed.</p> <p>A review of the radiation protection file evidenced that all the relevant information in relation to radiology and radiation safety was included and was up to date.</p> <p>Documentation was available to evidence that the recommendations made by the RPA had been addressed.</p>	<p>Met</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that all medicines are stored in their original containers, have the appropriate labelling and the patient information leaflet available.	Met
	Action taken as confirmed during the inspection: Mr Quinn confirmed that the storage of emergency medicines had been reviewed following the previous inspection. Emergency medicines were observed to be stored in their original containers with the appropriate labelling and the patient information leaflet available.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that following emergency equipment is provided as recommended by the Resuscitation Council (UK) guidelines: <ul style="list-style-type: none"> • a self-inflating bag with reservoir and mask suitable for use for children 	Met
	Action taken as confirmed during the inspection: A self-inflating bag with reservoir and mask suitable for use with children had been provided.	
Area for improvement 3 Ref: Standard 12.4 Stated: First time	The registered person shall implement robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates.	Met
	Action taken as confirmed during the inspection: Mr Quinn confirmed that robust arrangements had been implemented to ensure that emergency medicines and equipment do not exceed their expiry dates. Emergency medicines and equipment observed were within their expiry dates and a robust checking system of expiry dates was in place.	

<p>Area for improvement 4</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the decontamination room is decluttered to ensure that effective cleaning can take place.</p> <hr/> <p>Action taken as confirmed during the inspection: The decontamination room was observed to be clean, tidy and had been decluttered.</p> <p>Cleaning schedules had been reviewed and Mr Quinn and staff provided assurances that the decontamination room will remain decluttered to ensure that effective cleaning can take place.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>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.</p> <p>A risk assessment should be undertaken for all staff who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: Mr Quinn confirmed that he had carried out a risk assessment for any staff who are not using safer sharps.</p> <p>A review of documentation confirmed that the some of the dental practitioners are now using safer sharps.</p> <p>A sharps risk assessment dated 12 October 2018 was reviewed and was found to be detailed and comprehensive.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that periodic tests in respect of the washer disinfectant and DAC Universal are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of documentation evidenced that periodic tests in respect the decontamination equipment have been undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.	

6.3 Inspection findings

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 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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