Announced Care Inspection Report
4 October 2018

Quinndental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 53 Main Street, Randalstown BT41 3BB
Tel No: 028 9447 2311
Inspector: Norma Munn

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 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 Action/enforcement taken following the most recent inspection dated 27 March 2018

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 27 March 2018

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 4 October 2018 from 10.00 to 12.20.

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 Quinn, registered person, a dental foundation year one (DF1) trainee, a trainee dental nurse and a receptionist who is also a dental nurse. A tour of some areas of the premises was also undertaken.

The arrangements in place for the management of a medical emergency were reviewed. A number of issues were identified which were not in keeping with best practice. Medicines to manage anaphylaxis and recurrent seizures were retained; however, they were not provided in sufficient quantities and doses, and not all of the staff were clear about how to administer the medications in the event of a medical emergency. The Oxygen cylinder had exceeded its expiry date and some medicines were stored out of their original container, were not appropriately labelled and the patient information leaflet was not available.

Relative Analgesia (RA) sedation, using nitrous oxide gas, is available for patients who are assessed as needing it. A review of the RA sedation arrangements identified uncertainty in relation to the frequency of the servicing of the RA machine and whether or not a nitrous oxide risk assessment had been undertaken to identify the risks and control measures required.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines had been provided with the exception of a self-inflating bag with reservoir suitable for a child and some of the oropharyngeal airways had exceeded their expiry dates.

Infection prevention and control and decontamination arrangements were reviewed. A number of issues which are not in keeping with best practice were identified. The decontamination room was cluttered with various items, making it difficult to ensure that effective cleaning can be undertaken. A review of the periodic testing of decontamination equipment identified that protein residue tests and soil tests were not being undertaken and recorded in keeping with best practice outlined in Health Technical Memorandum (HTM) 01-05. During discussion with staff it was identified that they were unsure of the type and frequency of periodic testing required for the decontamination equipment in use at this practice. Conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Mr Quinn was advised to complete a risk assessment in respect of all staff who do not use safer sharps.

On 3 September 2018 the radiation protection advisor (RPA) completed a quality assurance check of the arrangements in place for radiology and radiation safety. The visit resulted in a number of recommendations being made and Mr Quinn, as the radiation protection supervisor, was required to address these. On reviewing the radiation protection file and the RPA report, there was no evidence that the recommendations made had been addressed and there was no evidence that the x-ray machines had been serviced on an annual basis or in keeping with manufacturer's instructions.

Issues with respect to the management of a medical emergency, radiology and radiation safety and infection prevention and control and decontamination had been identified during previous inspections. It was disappointing to note that the improvements made following these inspections had not been sustained.

As a result of the identified issues Mr Quinn was invited to attend a concerns meeting 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. Having considered the assurances provided, and to ensure sustained compliance, areas for improvement have been made against the regulations and standards to address the issues identified.

RQIA will continue to monitor and review the quality of service provided in Quinndental and will carry out a follow-up inspection to assess compliance with these regulations and standards.

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

5.1 Management of medical emergencies

Management of medical emergencies

The arrangements in place for the management of a medical emergency were reviewed. A number of issues were identified which were not in keeping with best practice. Medicines to manage anaphylaxis and recurrent seizures were retained however, they were not provided in sufficient quantities and doses. Following the inspection RQIA received confirmation that this had been addressed.

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. Although training had been provided to staff it was clear during discussion that some staff were unsure about how to safely administer medicines to manage anaphylaxis and recurrent seizures. The importance of ensuring that staff training in the management of a medical emergency, that includes the safe administration of emergency medicines, has been embedded into practice was discussed with Mr Quinn.

The Oxygen cylinder had exceeded its expiry date. Following the inspection Mr Quinn confirmed that a replacement oxygen cylinder had been delivered.

Some medicines were stored out of their original container, were not appropriately labelled and the patient information leaflet was not available.

A revised expiry date had not been recorded on the Glucagon medication which was stored out of the fridge. Following the inspection RQIA received confirmation that the expiry date on the Glucagon had been revised. Some of the oropharyngeal airways had exceeded their expiry dates and Mr Quinn agreed to remove the identified expired airways on the day of the inspection.

An automated external defibrillator (AED) is available. Mr Quinn agreed to provide scissors and a razor for use with the AED if required. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child. Following the inspection RQIA received confirmation that this item had been ordered.

Relative analgesia (RA) sedation, using nitrous oxide gas, is available for patients who are assessed as needing it. RA sedation arrangements were reviewed and it was confirmed that the equipment used to deliver the RA sedation had been serviced in April 2017. As it was more than a year from the last service, discussion took place regarding the frequency of servicing. There was uncertainty in relation to the frequency of the servicing. The importance of ensuring that the RA machine is serviced and maintained in keeping with manufacturer's instructions was discussed and Mr Quinn was advised not to use the RA machine until such times as it has been serviced and maintained. Following the inspection RQIA received confirmation that the RA machine had been disconnected and sent for servicing.

Dental practices who use nitrous oxide gas are required to undertake a risk assessment to identify risks and to ensure that the relevant control measures to manage these risks are in

place. There was no evidence that a nitrous oxide risk assessment had been undertaken. This was discussed with Mr Quinn who was sure that a risk assessment had been completed in respect of the nitrous oxide gas. Following the inspection RQIA received confirmation that a nitrous oxide risk assessment had been completed prior to the inspection.

Some of the protocols displayed outlining the procedure for dealing with the various medical emergencies were dated 2009 and did not include the most up to date procedures to be followed in the event of a medical emergency. Mr Quinn agreed to remove any protocols that were not in date.

As a result of the issues identified in relation to the management of a medical emergency, Mr Quinn was informed of the need to review the current system to ensure it is more robust. Areas for improvement against the regulations and standards were made to address the identified issues.

Areas for improvement

Implement robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates.

Ensure that staff training in the management of a medical emergency, that includes the safe administration of emergency medicines, has been embedded into practice.

All medicines should be stored in their original containers, have the appropriate labelling and the patient information leaflet should be made available.

Provide a self-inflating bag with reservoir suitable for use with a child as recommended by the Resuscitation Council (UK) guidelines.

RA equipment should be serviced and maintained in keeping with manufacturer's instructions.

	Regulations	Standards
Areas for improvement	**2**	**3**

5.2 Infection prevention and control

Infection prevention and control (IPC)

The practice, including the clinical and decontamination areas was generally clean and tidy. However, the decontamination room was observed to be cluttered with various items stored on the floor, window sill and on top of the cupboards making it difficult to ensure effective cleaning can take place. An area for improvement against the standards has been made.

Conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Best practice in respect of safer sharps was discussed and Mr Quinn confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments should be in place for all staff who do not use safer sharps and where practicable safer sharps should be used, in keeping with legislation and good practice. Where this is not practicable a risk assessment should be completed in respect of all staff who do not use safer sharps. Following the inspection Mr Quinn confirmed that he had a

sharps risk assessment on file that needs to be updated to include other staff who do not use safer sharps. Mr Quinn also confirmed that the practice is considering using safer sharps. An area for improvement against the standards has been made.

The practice is auditing their compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. A review of the most recent IPS audit, completed during August 2018, evidenced that the audit had identified both areas of good practice and areas that require to be improved. It is important to ensure that future audits take account of the issues identified during this inspection to ensure any changes in practice are sustained.

Areas of good practice

It was good to note that the practice are undertaking audits of their infection prevention and control arrangements.

Areas for improvement

The clutter in the decontamination room needs to be addressed to ensure effective cleaning can take place.

Safer sharps should be used so far as is reasonably practicable. Where this is not practicable a risk assessment should be undertaken for all dentists who do not use safer sharps.

	Regulations	Standards
Areas for improvement	**0**	**2**

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.

As outlined previously, the practice are auditing compliance in respect of the decontamination of reusable dental instruments using the IPS audit tool. A review of the most recent IPS audit, completed during August 2018, evidenced that the audit had identified both areas of good practice and areas that require to be improved. It is important to ensure that future audits take account of the issues identified during this inspection to ensure any changes in practice are sustained.

A review of current practice evidenced that in the main 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. Mr Quinn confirmed that the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. The validation certificates in respect of the washer

disinfector and DAC Universal were available to review and following the inspection RQIA received a copy of the validation certificate in respect of the steriliser.

A review of equipment logbooks evidenced that periodic tests had not been undertaken and recorded in keeping with HTM 01-05. Staff confirmed that protein residue tests in respect of the washer disinfector and DAC Universal were being undertaken monthly instead of weekly and that soil tests had not been undertaken in respect of the washer disinfector. Staff were unsure of the required frequency of periodic tests. Advice and guidance was shared with staff in relation to protein residue tests and soil tests in keeping with best practice. An area for improvement against the standards has been made.

Mr Quinn confirmed that 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. Staff confirmed that they had carried out on line training and following the inspection Mr Quinn confirmed that staff had attended formal training during February 2018. The importance of ensuring staff training is embedded into practice was shared with Mr Quinn during the concerns meeting.

Staff were 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 in the main best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes auditing practice and taking action when issues are identified.

Areas for improvement

Periodic tests should be undertaken and recorded in line with best practice.

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

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. In addition there is an orthopan tomogram machine (OPG), which is located in one of the surgeries.

Mr Quinn is the radiation protection supervisor (RPS) for the practice. Mr Quinn 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.

On 3 September 2018 the radiation protection advisor (RPA) completed a quality assurance check of the arrangements in place for radiology and radiation safety. The visit resulted in a number of recommendations being made and Mr Quinn, as the radiation protection supervisor, was required to address these. On reviewing the radiation protection file and the RPA report,

there was no evidence that the recommendations made had been addressed and there was no evidence that the x-ray machines had been serviced on an annual basis or in keeping with manufacturer's instructions. An area for improvement against the regulations has been made.

Mr Quinn confirmed that he conducts a range of audits, including x-ray quality grading and justification and clinical evaluation recording. These were not reviewed during the inspection.

Areas of good practice

A range of audits, including x-ray quality grading and justification and clinical evaluation recording are being undertaken.

Areas for improvement

The RPS should review the radiation protection file to ensure that all the relevant information is included and up to date. Any recommendations made by the RPA should be addressed and confirmation of this recorded in the radiation protection file.

	Regulations	Standards
Areas for improvement	**1**	**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 Quinn and staff.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. Sixteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led; and they were very satisfied with each of these areas of their care. Three of the patients indicated that they were very unsatisfied with each of these areas of their care; however, there were no comments made in relation to their level of dissatisfaction.

One comment included in the submitted questionnaire responses was as follows:

- "Very good with me and the kids as I am very nervous, also my kids had teeth removed and very good with them with extra care."

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Three staff submitted questionnaire responses to RQIA and indicated that they felt that patient care was safe and effective, and that patients were treated with compassion. All of the staff were either satisfied or very satisfied with each of these areas of patient care. Two of the staff were very satisfied that the service was well led and one was undecided.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**3**	**6**

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 Quinn, 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 18 (2) (a) **Stated:** First time **To be completed by:** 4 December 2018	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. Ref: 5.1
	Response by registered person detailing the actions taken: training at induction for all new starts. annual training provided at quinndental. new dental grad have had training in dental school and Nimdta have recently done bls training.in addition there have medical emergency simulations plus tutorials

Area for improvement 2 **Ref**: Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 4 December 2018	The registered person shall ensure that the Relative Analgesia (RA) equipment is serviced and maintained in keeping with manufacturer's instructions. Ref: 5.1
	Response by registered person detailing the actions taken: ..ra machine has been serviced and have set up for automatic servicing
Area for improvement 3 **Ref:** Regulation 15 (1) **Stated:** First time **To be completed by:** 4 December 2018	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. Ref: 5.4
	Response by registered person detailing the actions taken: radiation protection filed has been read and all areas actioned. it has been noted that on return of radiation protection file it should be reviewed for any changes
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall ensure that all medicines are stored in their original containers, have the appropriate labelling and the patient information leaflet available. Ref: 5.1
	Response by registered person detailing the actions taken: all medicines are stored in original packaging. Adrenaline ampoules kept in bespoke box withh patient info leaflet and dosages listed with a variety of needles
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall ensure that following emergency equipment is provided as recommended by the Resuscitation Council (UK) guidelines: • a self-inflating bag with reservoir and mask suitable for use for children Ref: 5.1
	Response by registered person detailing the actions taken: has been ordered and is now with emergency oxygen

Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall implement robust arrangements to ensure that emergency medicines and equipment do not exceed their expiry dates. Ref: 5.1
	Response by registered person detailing the actions taken: more robust checkolists have been set up and to be reviewed
Area for improvement 4 **Ref**: Standard 13.1 **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall ensure that the decontamination room is decluttered to ensure that effective cleaning can take place. Ref: 5.2
	Response by registered person detailing the actions taken: room has been decluttered and more thorough protocols have been put in place
Area for improvement 5 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 4 November 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 staff 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: risk assessment has been put in place and has been further reviewed
Area for improvement 6 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall ensure that periodic tests in respect of the washer disinfector and DAC Universal are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices. Ref: 5.3
	Response by registered person detailing the actions taken: everyone now clear on periodic tests for dac and washer disinfector

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

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