Announced Care Inspection Report
8 August 2018

M A Irwin Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 5 Hightown Road, Glengormley BT36 7TZ
Tel No: 028 9083 3650
Inspector: Emily Campbell

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 Michael Irwin	**Registered Manager:** Mr Michael Irwin
Person in charge at the time of inspection: Mr Michael Irwin	**Date manager registered:** 2 March 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 3 July 2017

The most recent inspection of the establishment 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 3 July 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 25 (2) (b) **Stated:** First time	The registered person shall consult with the radiation protection advisor (RPA) regarding the location of the operator switches and make arrangements to ensure that staff do not stand in the decontamination room to press the operator button when taking x-rays.	**Met**
	Action taken as confirmed during the inspection: Review of the radiation protection file evidenced the written arrangements from the RPA regarding this matter. The new arrangements were reflected in the local rules and the risk assessment. Mr Irwin and staff confirmed that staff no longer stand in the	

	decontamination room when x-rays are taken.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure that the doors of the decontamination room are closed during the decontamination process. In order to ensure the health and safety of staff in relation to radiology, staff should continue with the current arrangements in relation to taking radiographs and the doors to the decontamination room should be closed at all other times when decontamination is in progress with immediate effect. On completion of the actions as outlined in the area for improvement 1 against the regulations above, the decontamination room should be dedicated to the decontamination process.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that the doors to the decontamination room are closed during the decontamination process and the room is dedicated to decontamination.	
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall consult with the washer disinfector manufacturer to determine if a soil test is required for the make and model of the machine. If required, soil tests should be undertaken and recorded in the associated logbook at the recommended intervals.	**Met**
	Action taken as confirmed during the inspection: Review of the washer disinfector logbook evidenced that soil tests are carried out and recorded on a monthly basis.	
Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time	The registered person shall ensure that x-ray justification and clinical evaluation recording audits are carried out on an annual basis.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that a record is retained of all x-rays which included	

	if they were justified and clinically evaluated; however, these were not formatted into an audit. Mr Irwin confirmed by email, on 13 August 2018, that an audit had been completed in respect of each dentist. Mr Irwin confirmed that justification and clinical evaluation recording audits would be carried out on an annual basis.	

5.0 Inspection findings

An announced inspection took place on 8 August 2018 from 09:55 to 11:30.

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 Michael Irwin, registered person; the practice manager, who is also a dental nurse; and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the practice manager 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, in general, emergency medicines in keeping with the British National Formulary (BNF) were retained. However, there were insufficient quantities of Adrenaline to provide a second dose to a child between the age of six months and 12 years, or any doses of 500mcg for the administration to an adult or child over the age of 12 years in the event of anaphylaxis. Mr Irwin confirmed by email on 13 August 2018 that additional doses of Adrenaline had been ordered.

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 during April 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

Following confirmation that additional doses of Adrenaline had been ordered, no areas for improvement were identified.

	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. Mr Irwin's surgery has been refurbished since the previous inspection. The surgery was finished to a high standard.

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 August 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the practice manager and staff confirmed that the findings of the audits are discussed with them. 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.

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 a steam steriliser, has been provided to meet the practice requirements. The practice's steriliser had broken down and had been sent for repair; the supplier has provided a steriliser on loan as an interim measure. Documentary evidence was provided that the washer disinfector was validated in May 2018 and Mr Irwin and the practice manager advised that the steriliser was validated around the same time. However, the steriliser validation certificate was not available and Mr Irwin agreed to submit this to RQIA. On 13 August 2018, Mr Irwin informed RQIA by email that on requesting a copy of the validation report he was advised that the steriliser had been serviced and not validated as they had thought. Mr Irwin confirmed that the steriliser will be validated prior to it being made operational again and will submit a copy of the validation certificate to RQIA. An area for improvement against the regulation has been made in this regard.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 and the steriliser has been inspected under the written scheme of examination of pressure vessels.

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, in general, 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

The steriliser should be validated prior to it being made operational again and a copy of the validation certificate should be submitted to RQIA.

	Regulations	Standards
Areas for improvement	1	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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room; however, this has been decommissioned.

It was confirmed that 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. As discussed previously, records of justification and clinical evaluation recording had not been formatted into an audit and Mr Irwin confirmed this had been addressed on 13 August 2018.

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

Following confirmation regarding the completion of justification and clinical evaluation recording audits, no areas for improvement were identified.

	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 staff.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. Nineteen 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 indicated that they were very satisfied or satisfied with each of these areas of their care. One patient indicated they were very unsatisfied with each of these areas of their care; however, no comments were provided about the service. The following comments were provided in submitted questionnaire responses:

- "Very pleasant dental practice. Been going here for years and my children also attend."
- "The treatment and care given to myself and my family is always excellent. It is a pleasure to visit this dental surgery."

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	1	0

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 Michael Irwin, 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 15 (2) (b) **Stated:** First time **To be completed by:** 19 September 2018	The registered person shall ensure that the steriliser is validated prior to it being made operational again. A copy of the validation certificate should be submitted to RQIA. Ref: 5.3
	Response by registered person detailing the actions taken: Autoclave validated 30/08/18 and certificate of compliance issued, this has been emailed to RQIA 03/09/18

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