

Announced Care Inspection Report 1 October 2018



M B McElholm Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment

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Inspector: Stephen O'Connor

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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 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 four registered places.

3.0 Service details

Registered organisation/registered person: Ms Maria McElholm	Registered manager: Ms Maria McElholm
Person in charge of the practice at the time of inspection: Ms Maria McElholm	Date manager registered: 2 December 2011
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 19 May 2017

The most recent inspection of M B McElholm Dental Practice was an unannounced 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 17 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Recommendation 1 Ref: Standard 15.3 Stated: First time	The safeguarding lead should complete the appropriate level of adult safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016).	Met
	Action taken as confirmed during the inspection: Review of documents evidenced that the safeguarding lead completed a designated officer child protection course during November 2017. The safeguarding lead is booked on an adult safeguarding champion	

	course on the 10 October 2018. A discussion took place in regards to the frequency of safeguarding training.	
Recommendation 2 Ref: Standard 12.4 Stated: First time	The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) guidance issued during May 2013 and November 2016.	Met
	Action taken as confirmed during the inspection: Review of the medicines retained for use in the event of a medical emergency evidenced that Buccolam pre-filled syringes were available. Additional information in this regard can be found in section 5.1 of this report.	

5.0 Inspection findings

An announced inspection took place on 1 October 2018 from 09:05 to 10:45.

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 Ms Maria McElholm, registered person, the practice manager and the lead decontamination nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms McElholm 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 most emergency medicines were retained in keeping with the British National Formulary (BNF). It was observed that Adrenaline was retained in an autoinjector format in two doses. Adrenaline should be available in three doses 150 micrograms, 300 micrograms and 500 micrograms with sufficient stock to be able to administer a second dose to the same patient if necessary in keeping with the Health and Social Care Board (HSCB) and BNF. This was discussed with Ms McElholm who readily agreed to ensure all three doses would be available in the practice. On the day following the inspection confirmation was submitted to RQIA that

Adrenaline had been ordered. As discussed, Buccolam pre-filled syringes were available. A discussion 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). Ms McElholm advised that Buccolam would be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

Review of the arrangements in respect of emergency equipment evidenced that 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 December 2017.

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. Ms McElholm confirmed that should the audit identify areas for improvement an action plan would

be generated to address the identified issues and learning from audits would be shared with staff at the time and discussed during staff meetings.

Ms McElholm confirmed that the IPS audit is treated as a training exercise and is completed by the clinical team. Ms McElholm was encouraged to continue completing the audit as a group exercise, as doing so helps to empower staff, promote staffs 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.

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'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. An area for improvement against the standards has been made to address this. Ms McElholm was advised that the use of safer sharps should be considered.

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

Consider the use of sharps; safer sharps should be 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. Individual risk assessments should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessments 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.

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. It was confirmed that dental handpieces are manually cleaned prior to sterilisation. Written confirmation from the manufacturer that handpieces are not compatible with the washer disinfector was available. A discussion took place in regards to reviewing manufacturer's instructions in regards to the cleaning of handpieces should new handpieces be purchased in the future.

Appropriate equipment, including a washer disinfector and four steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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 four surgeries, however only three surgeries have an intra-oral x-ray machine.

Ms McElholm, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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. Ms McElholm 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.

All dentists take 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 Ms McElholm and the practice manager.

5.6 Patient and staff views

Seventeen 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. Sixteen patients indicated that they were either satisfied or very satisfied with each of these areas of their care. One patient indicated that they were very unsatisfied with each of these areas of their care; this questionnaire response did not include any comments. Comments included in other questionnaire responses are as follows:

- “I and my family have been patients of the practice for many years and are very satisfied”.
- “It is the best I have ever experienced”.
- “XXXX puts me at ease and I have every confidence in his skill as a dentist”.
- “XXXX is a very caring, compassionate, professional dentist. Excellent approach with my two kids and myself. I would recommend him to others”.
- “It is very good”.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Six staff submitted questionnaire responses. All six staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led.

All staff indicated that they were very satisfied with each of these areas of patient care.

Comments included in submitted staff questionnaire responses are as follows:

- “All staff members are very supportive and all training is very thorough”.
- “In my experience everyone in the surgery works to a high level of professionalism”.
- “I am extremely happy and grateful for the training that I have received. Every member of staff is approachable and always willing to answer any questions that I may have. They have been very eager to train me in multiple areas, and because of this I feel more competent in my job. I am very pleased with how my training has gone so far, everything has been very thorough but again each staff member is more than happy to help me out. I am very happy working at this practice”.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms McElholm, 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)

<p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2018</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. 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.</p> <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I note your recommendation regarding the use of safer sharps. I am retiring on 31st October 2018 and have already ordered the safer sharps and autoclavable handles.</p> <p>Although the safer sharps have arrived, there has been a delay- from the supplier- in the delivery of the autoclavable handles.</p> <p>I have discussed this recommendation with the principal dentist taking over the practice and it has been agreed that the appropriate training to facilitate the introduction of safer sharps will be organised and the changes implemented by both dentists as soon as possible.</p> <p>Please note that the dental nursing staff in this practice are not exposed to accidental injury in the relation to provision of local anaesthesia for patients.</p>

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



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