

Announced Care Inspection Report 21 August 2018



Monkstown Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 103 -105 Monkstown Road, Newtownabbey BT37 0LG
Tel No: 028 9086 3498
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 eight registered places.

3.0 Service details

Organisation/Registered Providers: Mr Philip Burns Ms Kathryn Gordon Mr Stephen Best Mr Mark Kirk Ms Christine Gregg	Registered Manager: Mr Philip Burns
Person in charge at the time of inspection: Mr Philip Burns	Date manager registered: 2 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 8

4.0 Action/enforcement taken following the most recent inspection dated 17 July 2017

The most recent inspection of Monkstown Dental 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 17 July 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
Area for improvement 1 Ref: Standard 9 Stated: First time	<p>The registered person shall ensure that the complaint discussed is logged retrospectively and processed within the complaints procedure.</p> <p>Arrangements should be made to ensure all staff are aware of the need to adhere to the practice's complaints policy and procedure if a complaint is provided to an individual member of staff.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of the complaints file evidenced that the complaint had been logged and processed within the complaints procedure.</p> <p>Miss Larmour, assistant manager, and staff confirmed that complaints management is discussed with staff periodically during staff meetings.</p>	
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5.0 Inspection findings

An announced inspection took place on 21 August 2018 from 09:45 to 12:25.

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 Philip Burns and Mr Mark Kirk, registered persons and practising dentists; Ms Jessica Larmour, assistant manager; Mrs Linda Fletcher, practice support facilitator; and three dental nurses. A tour of some areas of the premises was also undertaken. The inspection was facilitated by Ms Larmour.

The findings of the inspection were provided to Ms Larmour and Mrs Fletcher 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. 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 formal medical emergency refresher training was during November 2017. Ms Larmour and staff also

advised that various emergency scenarios are also depicted during staff meetings at random intervals to test staff responses.

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. It was confirmed that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001, issued on 6 September 2017, has been completed. It was suggested that aspects of the risk assessment are further developed.

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 some areas 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, completed during August 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Larmour confirmed that should the audit identify areas for improvement, an action plan would be generated to address the identified issues and it would be discussed with staff.

The audits are carried out by Ms Larmour. 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 two washer disinfectors, a NSK iCare+ Handpiece Cleaner 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. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the automatic control test (ACT) in respect of the sterilisers. One overall steriliser logbook was in place for all sterilisers and it was agreed that separate logbooks would be established for each steriliser. Ms Larmour confirmed by email following the inspection that pre-printed logbooks had been ordered and that the details of the ACTs would be recorded.

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 in general 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

Following confirmation that separate logbooks for the sterilisers would be established and the details that the ACTs would be recorded, no further areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has eight surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG) and a Cone Beam Computerised Tomography (CBCT) scanner which are located in a separate room.

Mr Burns and Ms Larmour were 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.

Two dedicated radiation protection files, one in relation to the CBCT and one in relation to the intra-oral x-ray units and the OPG, containing all relevant information were in place. The radiation protection supervisor (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 in relation to the intra-oral x-ray units and the OPG. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed. The RPA completes a quality assurance check annually in relation to CBCT. No recommendations were made by the RPA in the most recent CBCT report.

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 Ms Larmour and staff.

5.6 Patient and staff views

Thirty-nine patients submitted questionnaire responses to RQIA. Thirty-seven patients indicated they were very satisfied that their care was safe and two indicated they were satisfied. Thirty-seven patients indicated they were very satisfied that the care was effective and that the service was well led, one indicated they were satisfied and one indicated a neutral response to these areas of care. All 39 patients indicated they were very satisfied that they were treated with compassion. The following comments were provided in questionnaire responses:

- “I am very satisfied with my care and treatment.”
- “Very professional dentists.”
- “Staff are all fantastic.”
- “The reception staff are pleasant and helpful. The hygienists do a really good job. The dentists give sound dental advice, employing best practice, client centred approach. Great emergency service.”
- “Very happy with all aspects of my dental care. Always confident that I am getting the correct/best treatment.”
- “I am very happy with the care and treatment I have received over the years.”
- “All care and treatment is very satisfactory and staff are always friendly and very helpful.”

Seven staff submitted electronic questionnaire responses to RQIA. Six staff indicated that they were very satisfied that patient care was safe, effective and that patients were treated with compassion. Five staff indicated they were very satisfied that the service was well led and one indicated a neutral response. One staff member omitted to indicate levels of satisfaction in each of these areas of patient care. The following response was provided in a submitted questionnaire:

- “The practice always takes staff comments in to consideration. Staff are given opportunities to further themselves with extra qualifications.”

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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