

Announced Care Inspection Report 10 August 2018



New Row Dental Surgery

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

Address: 39 New Row, Coleraine, BT52 1AE

Tel No: 028 7034 2848

Inspector: Stephen O'Connor

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Stephen Rainey Limited T/A New Row Dental Responsible Individual: Mr Stephen Rainey	Registered Manager: Mr Stephen Rainey
Person in charge at the time of inspection: Mr Stephen Rainey	Date manager registered: 16 December 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Action/enforcement taken following the most recent inspection dated 24 August 2017

The most recent inspection of the New Row Dental Surgery was an announced care and variation to registration inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care and variation to registration inspection dated 24 August 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 19 (2) Stated: First	The registered person must ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended is sought and retained for all staff including self-employed staff who commence work in the future.	Met

	<p>Action taken as confirmed during the inspection: Review of the staff register and discussion with Mr Rainey identified that three staff had commenced work in the practice since the previous inspection. Review of the identified staff members personnel files evidenced that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been retained.</p>	
<p>Area for improvement 2 Ref: Regulation 19 (2) Stated: First</p>	<p>The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p>Action taken as confirmed during the inspection: As discussed, three staff personnel files were reviewed. Review of these files evidenced that AccessNI enhanced disclosure checks had been undertaken and received prior to the individual staff members commencing work in the practice.</p>	Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 11.3 Stated: First</p>	<p>Records of induction should be retained for any new staff recruited.</p> <p>Action taken as confirmed during the inspection: Review of staff personnel files confirmed that records of induction had been completed for the three recently recruited staff members.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First</p>	<p>The registered person shall ensure that system for recording and verifying AccessNI enhanced disclosure checks should be developed to include the following:</p> <ul style="list-style-type: none"> • the personal details of the staff member the check pertains to i.e. name, address • a record of the date that the application form was submitted to the umbrella organisation • a record of the dates the Enhanced Disclosure was issued and received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the outcome of the registered person's consideration of that certificate, signed and dated 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A recruitment checklist is retained in staff personnel files. The unique AccessNI enhanced disclosure reference number and date of issue is recorded on the staff recruitment checklist. All information outlined above is recorded on a separate AccessNI recording spreadsheet.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a copy of the radiation protection advisor (RPA) reports for the newly installed intra-oral x-ray machines in surgeries one and three should be submitted to RQIA upon return of the Quality Improvement Plan (QIP). Any recommendations made within the RPA report should be actioned.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following the previous inspection a copy of the RPA report for the newly installed x-ray machines in surgeries one and three was submitted to RQIA. Review of these reports evidenced that the recommendations made within the reports had been addressed.</p>		

5.0 Inspection findings

An announced inspection took place on 10 August 2018 from 13:30 to 15:40.

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 Stephen Rainey, responsible individual, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Rainey and 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 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.

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 September 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 May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Rainey confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits are usually carried out by Mr Rainey who confirmed that the findings of the IPS audit are discussed with staff during staff meetings. 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.

A review of the most recent IPS audit, completed during May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 disinfectant and two steam sterilisers, have 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 three 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.

Mr Rainey 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 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. A review of the most recent RPA reports 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 Mr Rainey and the practice manager.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were either satisfied or very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- “Very friendly staff. Lovely practice.”
- “Friendly and approachable. Made me feel very at ease.”
- “Very good team.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

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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