

Announced Care Inspection Report 13 May 2019



O'Farrell & Staunton

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

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Inspector: Winnie Maguire

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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 2019/20 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
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with six registered places.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited Responsible Individual: Mrs Monica Shah	Registered Manager: Mr Gerard Daly
Person in charge at the time of inspection: Mr Gerard Daly	Date manager registered: 30 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

4.0 Action/enforcement taken following the most recent inspection dated 24 May 2018

The most recent inspection of O'Farrell and Staunton 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 24 May 2018

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: Standard 12.4 Stated: First time	The registered person shall ensure that Adrenalin is available in the various doses as recommended by the Health and Social Care Board (HSCB) and British National Formulary (BNF).	Met
	Action taken as confirmed during the inspection: Adrenalin is available in the various doses as recommended by the HSCB and BNF.	

<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staff and management confirmed safer sharps had been obtained and were in use in the practice.</p>	<p>Met</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>		<p>The registered person shall ensure that chemicals are stored in keeping with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was noted the door to the cleaning store had been fitted with a keypad lock and chemicals are stored in keeping with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.</p>	<p>Met</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>		<p>The registered person shall review the procedure for the disinfection of Dental Unit Water Lines (DUWLs) in keeping with the manufacturer's instructions for the commercially available biocide used.</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that the procedure for the disinfection of DUWLs is in keeping with the manufacturer's instructions for the commercially available biocide used.</p>	<p>Met</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 13.4</p>	<p>The registered person shall ensure that the details of the daily automatic control test are recorded for all steam sterilisers and a daily</p>	<p>Met</p>

Stated: First time	steam penetration test is undertaken and recorded in respect of the DAC Universal.	
	Action taken as confirmed during the inspection: It was confirmed that the details of the daily automatic control test are recorded for all steam sterilisers and a daily steam penetration test is undertaken and recorded in respect of the DAC Universal.	

5.0 Inspection findings

An announced inspection took place on 13 May 2019 from 09.45 to 12.00.

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 Gerard Daly, registered manager and dentist; the practice manager, the lead dental nurse and one other dental nurse. A tour of some areas the premises was also undertaken.

The findings of the inspection were provided to Mr Daly 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 BNF, and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained with the exception of the full range of clear face masks for the self-inflating bags. Following inspection evidence was provided that clear face masks sizes 0 to 4 had been ordered. 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 19 January 2019.

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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Daly and staff confirmed that conscious sedation is not provided.

5.3 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 May 2019 evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audits are carried out by the lead dental nurse with the involvement of the team. Discussion with staff confirmed that any learning identified as a result of these audits is shared immediately if necessary and at the team meeting. The results and findings are also shared with Dental World 1 Ltd head office in England.

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

5.4 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.

As stated previously, a review of the most recent IPS audit, completed during May 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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, a DAC Universal 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

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has six 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 Gerard Daly, 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. Mr Daly regularly reviews the information contained within the file to ensure that it is current. Mr Daly was advised to update the radiology equipment inventory in relation to the year of installation of all radiology equipment and include the full details of the intra-oral machine installed in 2018. Mr Daly confirmed this would be actioned immediately.

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 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

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the Patient’s Guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

It was confirmed that the practice had received no complaints in the last year. Discussion with management and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Advice was provided on the format of a complaints register to ensure consistency of recording complaints. Arrangements were in place to share information about complaints and compliments with staff.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

A visit on behalf of the registered provider by a Dental World 1 Ltd representative was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.8 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 Daly, the practice manager and the lead dental nurse.

It was confirmed that formal arrangements are not yet in place to implement the collection of equality data within O'Farrell and Staunton and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

5.9 Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. All 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 very satisfied with each of these areas of their care.

Comments included in submitted patient questionnaire responses are as follows:

- "I travel a long distance to avail of the care given by Mr Daly/Annemarie. The standards are unequalled."
- "Ring one day and seen the next. Great service. Will be back."
- "Very happy."
- "I was very nervous but made to feel at ease."

Nine staff submitted questionnaire responses to RQIA. All 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:

- "A very good team and glad to be part of it."

- “I work with a great nurse and everything runs smoothly in the practice.”
- “A very good team to work with.”
- “I feel the staff are well managed and everyone works well together.”
- “I think all staff work well together, have empathy for all patients and do our best for every patient that walks in the door. The practice is well managed and it is a good environment to work.”

5.10 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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