Announced Care and Variation to Registration Inspection Report
24 May 2018

O'Farrell & Staunton

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 34 Upper Mill Street, Newry BT34 1EY
Tel No: 028 3026 2322
Inspector: Stephen O'Connor

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 five registered places.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Ms Ritu Dhariwal	**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:** 5 increasing to 6 following the inspection

4.0 Action/enforcement taken following the most recent care inspection dated 23 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2017.

4.1 Review of areas for improvement from the last care inspection dated 23 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 25(2)a As amended **Stated:** First time	The registered person shall ensure that the cracked pane of glass in the corridor area on the first floor is replaced.	**Met**
	Action taken as confirmed during the inspection: It was observed that the cracked pane of glass has been replaced with a new pane of safety glass.	

Area for improvement 2 **Ref:** Regulation 26 As amended **Stated:** First time	The registered person shall establish formal arrangements for the registered person or her representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice the registered person or her representative should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.	**Met**
	Action taken as confirmed during the inspection: During May 2018 a registered manger and a lead dental nurse for another practice within the Dental World 1 group undertook an unannounced visit to this practice. Review of the unannounced quality monitoring visit report evidenced that six areas for improvement had been identified. Discussion with Mr Daly and review of documentation evidenced that the recommendations made within the report have all been addressed.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 Ref: Standard 11.3 Stated: First time	The registered person shall devise written induction programmes that are relevant to specific roles and responsibilities.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced that formal induction programmes have been developed; these include the topics to be discussed and the signature of both the inductor and inductee. One completed induction programme for a recently recruited member of staff was reviewed.	

Area for improvement 2 Ref: Standard 15.3 Stated: First time	The registered person shall amend the adult safeguarding policy to reflect the regional guidance and ensure staff undertake refresher adult safeguarding training.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that the adult safeguarding policy has been updated and fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership'. The safeguarding leads in the practice have completed Level 3 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy.	
Area for improvement 3 Ref: Standard 14.4 Stated: First time	The registered person shall replace or repair the identified steam steriliser which was found to be rusted.	**Met**
	Action taken as confirmed during the inspection: Mr Daly confirmed that a new door had been fitted to the identified steam steriliser.	
Area for improvement 4 Ref: Standard 8.3 Stated: First time	The registered person shall ensure the radiology entitlement documentation is completed; which is the process to formalise that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that all records pertaining to radiology and radiation safety are retained in one radiation protection file. Review of the radiation protection file evidenced that radiology entitlement documents have been completed for all appropriate staff and that all staff have received local training in respect of radiology and radiation safety to include their entitled duties.	

Area for improvement 5 Ref: Standard 8.5 Stated: First time	The registered person shall devise a written security policy to reduce the risk of prescription pad/forms theft and misuse.	**Met**
	Action taken as confirmed during the inspection: It was observed that a written security policy to reduce the risk of prescription pad/forms theft and misuse has been advised. It was advised that the procedure for the receipt of new prescription pads in further developed to state that two authorised staff must sign upon receipt of new pads.	
Area for improvement 6 **Ref**: Standard 8.5 **Stated:** First time	The registered person shall review all policies and procedures to ensure that they are in accordance to the Northern Ireland jurisdiction and the setting; and ensure they are indexed and dated thus allowing ease of access to staff.	**Met**
	Action taken as confirmed during the inspection: All policies reviewed were relevant to the Northern Ireland jurisdiction. It was confirmed that head office are responsible for reviewing and updating policies and that when new policies are issued by head office these are localised to the practice were necessary.	
Area for improvement 7 **Ref**: Standard 8.5 **Stated:** First time	The registered person shall amend the incident policy to include details of the RQIA as a reporting body.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that an appendix outlining the procedure in respect of RQIA notifications has been appended to the incident policy. It was suggested that a copy of the RQIA guidance document entitled 'Statutory notification of incidents and deaths guidance for registered providers and managers of regulated services' (updated September 2017) should be made available for staff reference.	

5.0 Inspection findings

An announced inspection took place on 24 May 2018 from 13:45 to 16:35.

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).

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to increase the number of dental chairs from five to six.

Mr Raymond Sayers, RQIA estates inspector, contacted Mr Daly prior to the inspection and requested specific documents in relation to the premises to be submitted for review. Following submission of these documents Mr Sayers completed a desktop review and confirmed that the variation to registration application was approved from an estates perspective.

The variation to the registration application to increase the number of registered dental surgeries from five to six has also been approved from a care perspective, following this inspection.

A poster informing patients that an inspection was being conducted was displayed.
During the inspection the inspector met with Mr Gerard Daly, registered manager, the practice manager, the lead dental nurse and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Daly, registered 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 the main emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Adrenalin was retained in pre-filled syringe format in two doses. In keeping with the Health and Social Care Board (HSCB) and BNF, Adrenalin should be available in three doses 150 micrograms, 300 micrograms and 500 micrograms. This was discussed with Mr Daly who readily agreed to ensure all three doses would be available in the practice. An area of improvement against the standards has been made in this regard. 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 January 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 in the main 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

Adrenalin should be available in the various doses as advised by the HSCB and BNF.

	Regulations	Standards
Areas for improvement	0	1

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

The most recent IPS audit was carried out by the lead nurse. It was suggested that the person completing the audit is rotated and that the findings are shared with staff and discussed at practice meetings. 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. It was confirmed that Dental World 1 have identified annual mandatory training topics to include IPC topics such as waste segregation, blood borne virus exposure, hand hygiene and decontamination of reusable dental instruments.

During discussion Mr Daly confirmed that safer sharps are not used in the practice and he also confirmed that the primary user of sharps is responsible for the safe disposal of the sharp. Mr Daly was advised that safer sharps should be used so far as is reasonably practicable and that a risk assessment should be in place for all dentists ho are not using safer sharps. An area for improvement against the standards has been made to review this.

During a tour of the premises it was observed that cleaning chemicals were stored in a store room that could potentially be accessed by members of the public. Mr Daly was advised that all chemicals should be stored in keeping with the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003. It was advised that access to chemicals should be restricted to authorised persons only; this could be achieved by installing a lock on the store room door. An area for improvement against the standards has been made to address this.

During discussion it was confirmed that the Dental Unit Water Lines (DUWLs) are disinfected using a commercially available biocide. However, it was confirmed that at the end of the session the bottle is removed, rinsed, inverted and left to dry overnight. This is not in keeping with the manufacturer's instructions for the biocide used. An area for improvement against the standards has been made to address this.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are given 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

Review 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.

Chemicals should be stored in keeping with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.

The procedure for the disinfection of Dental Unit Water Lines (DUWLs) should be reviewed in keeping with the manufacturer's instructions for the biocide used.

	Regulations	Standards
Areas for improvement	0	3

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.

As discussed review of the most recent IPS audit, completed during March 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 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. Review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control test in respect of the steam sterilisers are not being recorded in the relevant logbooks and that the steam penetration test in respect of the DAC Universal is not being undertaken and recorded. An area for improvement against the standards has been made to address this.

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.

Mr Daly confirmed that the stock of reusable dental instruments and the decontamination equipment available is sufficient to meet the demands of the third dental surgery.

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

The details of the daily automatic control test should be recorded for all steam sterilisers and a steam penetration test should be undertaken and recorded in respect of the DAC universal.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has five surgeries, each of which has an intra-oral x-ray machine. It was confirmed that a new intra-oral x-ray machine has been installed in the new surgery. Review of records confirmed that a radiation protection supervisor (RPA) completed a critical examination of the new intra-oral x-ray machine and the critical examination and acceptance test report dated 1 January 2018 was reviewed. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Daly 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 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

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 18 indicated that they felt their care was safe and effective, that they were treated with compassion and that they felt the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in in submitted questionnaire responses are as follows:

- "Was really frightened and feel at ease now."
- "Very well explained and informative care."
- "Excellent care."
- "Well cared for in clean environment."

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

	Regulations	Standards
Total number of areas for improvement	0	5

5.5 Conclusion

The variation to the registration application to increase the number of registered dental surgeries from five to six has been approved from a care and estates perspective, following this inspection.

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 Gerard Daly, 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)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 31 May 2018	The registered person shall ensure that Adrenalin in available in the various doses as recommended by the Health and Social Care Board (HSCB) and British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken: Adrenaline ampules have been placed in drugs kit to ensure correct doses are now available as per requirements.
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 19 July 2018	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. Ref: 5.2
	Response by registered person detailing the actions taken: Safer sharps syringes have been obtained and are now in use in the practice.
Area for improvement 3 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 21 June 2018	The registered person shall ensure that chemicals are stored in keeping with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003. Ref: 5.2
	Response by registered person detailing the actions taken: The door where cleaning materials are stored by the cleaner has been fitted with a key pad lock to prevent access by the public.
Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 21 June 2018	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. Ref: 5.2
	Response by registered person detailing the actions taken: Procedure reviewed as per use of Alpron and bottles are now left in situ and not drained overnight.

Area for improvement 5 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 24 May 2018	The registered person shall ensure that the details of the daily automatic control test is recorded for all steam sterilisers and a daily steam penetration test is undertaken and recorded in respect of the DAC Universal. Ref: 5.3
	Response by registered person detailing the actions taken: Tests and records are now being undertaken and recorded as per requirements.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews