

Announced Care Inspection Report 7 September 2018



Ormeau Dental Care

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

Address: 324 - 326 Ormeau Road, Belfast, BT7 2GE

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Inspector: Carmel McKeegan

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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 seven registered places.

3.0 Service details

Registered organisation/registered person: Mr Paul Megahey	Registered Manager: Mrs Heather Megahey
Person in charge at the time of inspection: Mrs Heather Megahey	Date manager registered: 23 February 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Seven

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

The most recent inspection of the Ormeau Dental Care 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 October 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 21 (3) (b) Stated: First time	The registered person shall ensure that information required in respect of all staff who commence work in the practice as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is available for inspection.	Met

	<p>Action taken as confirmed during the inspection: Mrs Megahey confirmed that seven new staff members have been recruited since the previous inspection. A review of a random sample of the personnel files for four of these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p>	<p>The registered person shall review and improve the recruitment checking and recording procedures to ensure the practice can verify that an AccessNI enhanced disclosure certificate has been obtained prior to commencement of employment for all staff who commence work in the practice.</p> <p>Action taken as confirmed during the inspection: A review of documentation evidenced that the details of enhanced AccessNI checks were in keeping with the AccessNI code of practice and included the following:</p> <ul style="list-style-type: none"> • staff name • date the disclosure check was applied for • date the disclosure check was issued • the unique identification number • the outcome of the assessment of the disclosure • signature of the person assessing the disclosure 	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a copy of the critical examination acceptance report for the new x-ray machine is provided in the practice. A copy should be provided to RQIA upon submission of the QIP.</p> <p>A copy of the new local rules for surgeries five and seven should be provided in the identified surgeries and signed by appropriate staff to confirm they have read and understood these. Evidence of this should be provided to RQIA upon submission of the QIP.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that a copy of the critical examination acceptance report for the new x-ray machine and a copy of the new local rules for surgeries five and seven had been provided to RQIA. These documents were retained in the practice and staff had signed to confirm that these have been read and understood.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 25 (4) (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a fire risk assessment, to include the new dental surgery is undertaken and a copy provided to RQIA upon submission of the QIP.</p> <p>Action taken as confirmed during the inspection:</p> <p>A copy of the fire risk assessment was available for inspection and included the seventh dental surgery.</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</p> <p>Ref: Standard 15</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the updated safeguarding and protection of adults and children at risk of harm policies are shared with all staff; a record should be retained in this regard.</p> <p>Action taken as confirmed during the inspection:</p> <p>Updated safeguarding and protection of adults and children at risk of harm policies were provided and a record of staff signatures confirmed that the updated policies had been shared with all staff members.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dental chair in surgery four is reupholstered.</p> <p>Action taken as confirmed during the inspection:</p> <p>The dental chair in surgery four had not been reupholstered. Mrs Megahey stated that this chair is to be replaced in the forthcoming weeks. Mrs Megahey has agreed to notify RQIA when the new chair has been installed.</p>	Met

Area for improvement 3 Ref: Standard 11.6 Stated: First time	The registered person shall ensure that review the governance arrangements in the practice to improve staff communications.	Met
	Action taken as confirmed during the inspection: Mrs Megahey and the practice manager confirmed that the governance arrangements have been reviewed to ensure that Mrs Megahey and/or the practice manager are working in a management capacity every day. Staff meetings are held monthly to ensure staff have the opportunity to discuss issues, minutes of these meetings are retained and are available for staff who may not have been able to attend a meeting.	

5.0 Inspection findings

An announced inspection took place on 7 September 2018 from 10.30 to 12.50.

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 Mrs Heather Megahey, registered manager, the practice manager and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mrs Megahey 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 discussion took place in relation to the procedure for the safe administration of Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mrs Megahey confirmed that Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

An automated external defibrillator (AED) was provided; it was observed that the AED paediatric pads had exceeded the expiry date, this item was ordered during the inspection.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mrs Megahey and the practice manager confirmed that the expiry date of the adult and the new paediatric pads would be added to the emergency equipment checking list.

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 October 2017, Mrs Megahey confirmed medical emergency refresher training has been arranged to take place in the practice in November 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 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 further 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 August 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Megahey 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 the lead decontamination and IPC dental nurse. Mrs Megahey confirmed that the findings of the IPS audit are discussed with staff during staff meetings. It was confirmed that all clinical staff contribute on a rotational basis to the completion of the audit which promotes 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.

As previously discussed, review of the most recent IPS audit, completed during August 2018 evidenced that the audit had been completed in a meaningful manner. Discussion with Mrs Megahey and staff confirmed that any learning identified as a result of these audits is shared during staff meetings.

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 and three 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 seven surgeries, each of which has an intra-oral x-ray machine.

Mr Paul Megahey, registered person, is the radiation protection supervisor (RPS). It was confirmed that Mr Megahey is 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 Megahey 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 and 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 Mrs Megahey and staff.

5.6 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All patients 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 also indicated that they were very satisfied with each of these areas of their care. The following comments were included in the submitted questionnaire responses:

- “Professional service, well run.”
- “Excellent service, everyone is lovely. Always put at ease.”

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

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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