

# Announced Care Inspection Report 5 September 2018



## The Quay Dental Practice

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

**Address: 79 Ann Street, Ballycastle BT54 6AB**

**Tel No: 028 2076 2088**

**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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Julie Shirlow	<b>Registered Manager:</b> Ms Julie Shirlow
<b>Person in charge at the time of inspection:</b> Ms Julie Shirlow	<b>Date manager registered:</b> 2 December 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

The Quay Dental Practice is jointly owned by Ms Julie Shirlow and Mr Rajinder Parkash, who also jointly own Parkash Dental Care in Ballycastle.

## 4.0 Action/enforcement taken following the most recent inspection dated 20 October 2017

The most recent inspection of The Quay Dental Practice was an announced care inspection. No areas for improvement were made during this inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 20 October 2017

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

An announced inspection took place on 5 September 2018 from 11.40 to 12.40.

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 Ms Julie Shirlow, registered person, an associate dentist and three dental nurses. A tour of the some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Shirlow 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) were available. A discussion took place in relation to the procedure for the accurate administration of Adrenaline and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB). Ms Shirlow has advised that she will ensure that Adrenaline will be administered safely in the event of an emergency in keeping with the HSCB recommendation.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 Ms Shirlow and staff confirmed that medical emergency refresher training has been arranged to take place on 7 September 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 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, 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 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Shirlow confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

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

The practice does not have a separate decontamination room and reusable dental instruments are decontaminated at Parkash Dental Care which is jointly owned by Ms Shirlow and Mr Parkash. Discussion with Ms Shirlow and staff confirmed that suitable arrangements are in place for the transportation and decontamination of instruments.

An announced care inspection had been undertaken to Parkash Dental Care on 5 September 2018, immediately prior to this inspection, at which time the decontamination arrangements were reviewed and considered to be managed to a high standard.

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 stated the most recent IPS audit, completed during May 2018 evidenced that the audit had been completed in a meaningful manner 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.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has two surgeries, each of which has an intra-oral x-ray machine.

Ms Shirlow as 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. Ms Shirlow 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.

Ms Shirlow 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 Shirlow.

## 5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 of the patients indicated that they were very satisfied with each of these areas of their care.

One staff member submitted a questionnaire response to RQIA. The staff member indicated that they felt patient care was safe, effective, that patients were treated with compassion, that the service was well led and that they were very satisfied with each of these areas of patient care.

## 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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