

Announced Care Inspection Report 06 June 2018



Radiant Dentistry

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

Address: 41A Belmore Street, Enniskillen, BT74 6AA

Tel No: 028 6634 0005

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 Person: Mr James Pattison	Registered Manager: Mr James Pattison
Person in charge at the time of inspection: Mr James Pattison	Date manager registered: 07 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 11 July 2017

The most recent inspection of the establishment 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 11 July 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) (d) Stated: First time	The registered person must ensure that suitable safety checks are carried out to the fixed electrical wiring installation. Reference should be made to BS7671.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that a suitable safety check has been carried out to the fixed electrical wiring installation in keeping with BS7671 during June 2018. Mr Pattison confirmed that this check will be undertaken every three years.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time	The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). The updated safeguarding policy should be shared with staff.	Met
	Action taken as confirmed during the inspection: It was confirmed that one overarching safeguarding policy to include the arrangements in respect of safeguarding children and adults was in place. Review of the policy evidenced that it has been further developed to fully reflect the adult safeguarding regional guidance document.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) guidance.	Met
	Action taken as confirmed during the inspection: Review of emergency medicines evidenced that Buccolam pre-filled syringes were available in the practice. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the HSCB. Mr Pattison has advised that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the British National Formulary (BNF).	

5.0 Inspection findings

An announced inspection took place on 06 June 2018 from 13:50 to 15:35.

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).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr James Pattison, registered person, and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Pattison 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. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenalin in the various doses and quantity needed as recommended by the HSCB and BNF. Mr Pattison has advised that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. On 07 June 2018 confirmation was submitted to RQIA by email that additional doses of Adrenalin had been provided in the practice. 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 May 2017. Assurances were provided that refresher training in the management of medical emergencies has been scheduled and that in the interim period this topic would be discussed at a staff meeting.

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 April 2018, 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 audit identified a tear in the covering of one dental chair and damage to flooring in one surgery. Mr Pattison confirmed that plans are in place to refurbish surgery one to include the installation of a new dental chair and to replace the flooring in surgery three. It is envisaged that this refurbishment work will be completed before the end of June 2018. It was positive to note that an action plan was generated to address the issues identified in the IPS audit.

The audit is usually carried out by Mr Pattison; the one in April 2018 was carried out by a dental nurse. Mr Pattison confirmed that the audit findings and action plan, if applicable are discussed during practice meetings. It was suggested that the person completing the audit could be rotated and that when 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.

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 discussed a review of the most recent IPS audit, completed during April 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 disinfecter, a DAC Universal and four 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. Mr Pattison confirmed that the orthopan tomogram machine (OPG), which is located in a separate room, has been decommissioned and plans are in place to install a cone beam computed tomography (CBCT) machine. Mr Pattison was advised that prior to the installation of any new radiation producing equipment he should consult with the appointed radiation protection advisor (RPA) and medical physics expert (MPE).

Mr Pattison was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a RPA and 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

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 Pattison.

Discussion with Mr Pattison and staff and review of information evidenced that the equality data collected was managed in line with best practice. It was confirmed that arrangements are in place to implement the collection of equality data within Radiant Dentistry.

Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All 11 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 indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Very happy with all the staff, they are kind and caring. Looked after me very well.”
- “Great professional and personal service.”
- “Excellent practice.”
- “In general from point of reception through to finished treatment, the care and professionalism practised at James Pattison dental surgery is excellent.”
- “I am very nervous patient. James is very patient and reassuring.”
- “Excellent gentle care. Clean environment. Staff very friendly and efficient.”
- “Excellent at all times.”
- “Lovely, friendly practice. Very accommodating staff.”

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	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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