

# Announced Care Inspection Report 20 November 2018



## Richhill Dental Care

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

**Address: 27A Main Street, Richhill, BT61 9PJ**

**Tel no: 028 3887 0884**

**Inspector: Emily Campbell**

[www.rgia.org.uk](http://www.rgia.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 two registered places. The practice has three dental surgeries; however, two dental surgeries are not currently in use. Surgery 1 on the ground floor and surgery 3 on the first floor of the practice are registered with RQIA. Ms Parks is aware of the need to register surgery 2 on the ground floor prior to being used for private dental care and treatment.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Sharon Parks	<b>Registered Manager:</b> Ms Sharon Parks
<b>Person in charge at the time of inspection:</b> Ms Sharon Parks	<b>Date manager registered:</b> 25 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 12 February 2018

The most recent inspection of the establishment 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 12 February 2018

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 20 November 2018 from 9:40 to 11:15.

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 Sharon Parks, registered person, a dental nurse and a trainee dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Parks 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. It was noted that the adult pads for use with the automated external defibrillator (AED) had exceeded their expiry date. Ms Parks confirmed by email on the afternoon of the inspection that these had been ordered.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. It was agreed that the AED pads would be included in the monthly checking procedure.

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.

Inhalation sedation is available as required for patients in accordance with their assessed need. It was confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration unit and that an air scavenging system has been installed. It was confirmed that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 has been completed.

### 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, was clean and tidy. Surgery 1, which is the only surgery currently in use, was noted to be cluttered and Ms Parks agreed to address this. In addition two fabric covered chairs were noted in the surgery; these were replaced during the inspection.

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 both areas of good practice and areas that require to be improved.

The audits are carried out by Ms Parks with the input of staff. Discussion with staff confirmed that any learning identified as a result of these audits is shared.

During discussion it was identified that conventional needles and syringes are used by Ms Parks when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable; Ms Parks confirmed that it is the responsibility of the user of sharps to safely dispose of them and that a sharps risk assessment had been completed.

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 further 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.

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, has 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.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, review of the steriliser logbooks identified that the daily sterilisation hold time which forms part of the automatic control test (ACT) was pre-populated. On discussion, staff confirmed that the daily ACT in respect of the sterilisers and the DAC Universal was carried out using a strip test which is processed through the machines each morning. This strip test is not a validated test. The process of what is involved when undertaking an ACT was discussed with Ms Parks and staff. An area for improvement against the standards was made that an ACT should be undertaken and recorded in respect of the sterilisers and DAC Universal following the first cycle of the machines each day.

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, in general, 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

An ACT should be undertaken and recorded in respect of the sterilisers and DAC Universal following the first cycle of the machines each day.



	Regulations	Standards
Areas for improvement	0	1

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

As discussed previously, surgery 1 is the only surgery currently in operation. Surgery 1 and surgery 3, which are the two surgeries registered with RQIA, have intra-oral x-ray machines.

Ms Parks, 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. The 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 in June 2016 demonstrated that any recommendations made have been addressed. In addition the RPA undertook a critical examination of the intra-oral x-ray unit which was relocated from surgery 2 to surgery 1 in February 2017, in keeping with good practice.

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 Ms Parks and staff.

## 5.6 Patient and staff views

Seven patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied or satisfied that their care was safe, that they were treated with compassion and that the service was well led. Six patients were very satisfied or satisfied that their care was effective and one patient indicated a neutral response. The following comments were provided in questionnaire responses:

- “Never had any issues with treatment at Richhill Dental Care.”
- “No complaints.”
- “Happy with treatment.”

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
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

## 6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Sharon Parks, 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)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2018</p>	<p>The registered person shall ensure that an automatic control test (ACT) is undertaken and recorded in respect of the sterilisers and DAC Universal following the first cycle of the machines each day.</p> <p>Ref: 5.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A system is now in place to ensure the daily automatic control test is undertaken each morning for the sterilisers and DAC Universal by an appointed member of staff and results recorded</p>

*\*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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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