

Announced Care Inspection Report 09 November 2018



Robert Street Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
**Address: 5 Robert Street, Lurgan, Craigavon,
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Tel No: 028 3832 7411
Inspector: Carmel McKeegan

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 seven registered places.

3.0 Service details

Organisation/Registered Provider: Clear Dental Care (Lurgan) Ltd Responsible Individual: Mr Mark Tosh	Registered Manager: Ms Lyndsey Reid – Acting manager
Person in charge at the time of inspection: Mr Mark Tosh	Date manager registered: 26 October 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 7

Mr Mark Tosh is also the registered person for Clear Dental Care (NI) Limited. Clear Dental Care (NI) Limited operates ten dental practices registered with RQIA.

4.0 Action/enforcement taken following the most recent inspection dated 27 July 2017

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 27 July 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 9 November 2018 from 11.00 to 12.55.

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 Mark Tosh, responsible individual, an associate dentist and a dental nurse. Mr Tosh facilitated the inspection. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Tosh 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 Buccolam pre-filled syringes and Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Tosh confirmed that Buccolam and Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

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 March 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.

The practice offers intravenous and inhalation sedation to patients. However, it was established that only one of the dental nurses in the practice has an accredited qualification in conscious sedation. In keeping with Conscious Sedation in The Provision of Dental Care (2003), all members of the dental team providing treatment under Conscious Sedation must have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice. An area of improvement has been made against the standards to ensure that all staff involved in the provision of conscious sedation has a written training record to verify that they have completed the appropriate supervised theoretical, practical and clinical training in this regard.

As discussed, inhalation sedation is available as required for patients in accordance with their assessed need. Review of records confirmed that relative anaesthetic (RA) equipment is serviced annually. Guidance in the use of nitrous oxide was available and 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 06 September 2017 had 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

All staff involved in the provision of conscious sedation must have a written training record to verify that they have completed the appropriate supervised theoretical, practical and clinical training in this regard.

	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, 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 on 18 June 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Discussion with Mr Tosh and staff confirmed that any learning identified as a result of these audits is shared with staff during staff meetings.

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 June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

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

Mr Tosh 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. Mr Tosh confirmed that due to a change in staff personnel, a new radiation protection supervisor (RPS) is in the process of being appointed. Mr Tosh stated that the RPS will regularly review 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.

Mr Tosh confirmed that the role of the RPS is to 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. Mr Tosh conducts regular unannounced monitoring visits of the practice and will review this process to support the new RPS.

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 Tosh and staff.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 either very satisfied or satisfied with each of these areas of their care. No additional comments were provided in the submitted questionnaires.

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	1

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Mark Tosh, responsible individual, 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>Area for improvement 1</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 09 February 2019</p>	<p>The responsible individual shall ensure that all staff involved in the provision of conscious sedation has a written training record to verify that they have completed the appropriate supervised theoretical, practical and clinical training in this regard.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: We have arranged training to address this and hope to have it completed just after the new year.</p>

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



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