

Announced Care Inspection Report 17 July 2018



Robinson & Associates Dental Practice

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

Address: 5 Castle Place, Strabane, BT82 8AW

Tel No: 028 7138 2875

Inspector: Stephen O'Connor

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 four registered places.

3.0 Service details

Organisation/Registered Person: Mr Graham Robinson	Registered Manager: Mr Graham Robinson
Person in charge at the time of inspection: Mr Graham Robinson	Date manager registered: 14 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

4.0 Action/enforcement taken following the most recent inspection dated 5 October 2017

The most recent inspection of the Robinson & Associates Dental Practice 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 5 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 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

	<p>Action taken as confirmed during the inspection:</p> <p>An electrical installation condition report dated 9 December 2017 was reviewed during the inspection. Assurances were provided that the four improvement recommendations made within the report are being addressed and that electrical installation will be inspected again within 12 months of the date of the inspection in keeping with the timeframe outlined in the report.</p>	
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 15.3</p> <p>Stated: First time</p>	<p>The safeguarding lead/champion should undertake formal training in safeguarding children and adults. Adult safeguarding training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised 2016).</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that Mr Robinson is the safeguarding lead for the practice. Review of records evidenced that Mr Graham completed formal training in safeguarding adults during February 2018.</p>	

5.0 Inspection findings

An announced inspection took place on 17 July 2018 from 13:40 to 16:10. The inspection was facilitated by the practice manager.

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 Graham Robinson, registered person, the practice manager, an associate dentist, two registered nurses and a trainee nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Graham 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 that most emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was confirmed that an automated external defibrillator (AED) is not available in the practice. However, the practice has access to two community AED's. The practice manager confirmed that the community AED's can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines. 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 December 2017.

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 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 identified issues.

The audits are carried out by a dental nurse and the practice manager confirmed that the findings of the IPS audit are discussed with staff during staff meetings. 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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given 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

Review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.

	Regulations	Standards
Areas for improvement	0	1

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.

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.

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

Mr Robinson 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 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. The RPA has issued individual reports for each intra-oral x-ray machine, review of these reports evidenced that recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

All 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 the practice manager.

5.6 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All seventeen 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, with the exception of one patient who indicated a neutral response in relation to the service being well led. No comments were included in submitted questionnaire responses.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Seven staff submitted questionnaire responses to RQIA. The electronic questionnaire asked staff to indicate their level of satisfaction in the following four areas: is patient care safe, effective, compassionate and is the service well led. In regards to patient safety one staff member indicated they very satisfied, three indicated they were satisfied and three indicated they were very unsatisfied. In regards to patient care being effective one staff member indicated they were very satisfied, one indicated they were satisfied and five indicated they were very unsatisfied. In regards to patient care being compassionate one staff member indicated they were very satisfied, one indicated they were satisfied and five indicated they were very

unsatisfied. In regards to the service being well led, one staff member indicated they were very satisfied, two indicated they were satisfied; three indicated they were very unsatisfied and one indicated they were undecided.

Given the number of very unsatisfied responses in each of the areas the inspector spoke briefly with all staff during the inspection. In total seven staff members spoken with confirmed they had completed the electronic questionnaire and each of them confirmed that their responses were positive. It would appear that the staff members who submitted a very unsatisfied response did so in error. No comments were included in submitted questionnaire responses.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Graham Robinson, registered person and the practice manager 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 8.5</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2018</p>	<p>The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.</p> <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Safer sharps are used so far as is reasonably practicable. A risk assessment has been undertaken for all dentists who do not use safer sharps; areas for improvement within the risk assessment have been addressed.</p>

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



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