

Announced Care Inspection Report 19 July 2018



Sandown Dental Ltd T/A Sandown Dental & Implant Clinic

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

Address: 33-35 Sandown Road, Belfast BT5 6GT

Tel No: 028 9047 1070

Inspector: Norma Munn

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 Provider: Sandown Dental Ltd T/A Sandown Dental & Implant Clinic Responsible Individual: Mr Patrick Rea	Registered Manager: Mr Patrick Rea
Person in charge at the time of inspection: Mr Patrick Rea	Date manager registered: 12 February 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

4.0 Action/enforcement taken following the most recent inspection dated 20 November 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 20 November 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 19 July 2018 from 14.00 to 16.30.

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 Patrick Rae, registered person; one dentist; and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Rae 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 in the main emergency medicines were provided in keeping with the British National Formulary (BNF). It was identified that Buccolam and Adrenaline medication were not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and Adrenaline and the various doses and quantities as recommended by the HSCB and the BNF. Following the inspection RQIA received confirmation that additional quantities of Buccolam and Adrenaline had been provided and assurances were given that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a size zero oropharyngeal airway and automated external defibrillator (AED) pads suitable for use with a child. Following the inspection RQIA received confirmation that the size zero airway had been provided and in the event of needing to use the AED for a child then an AED in close proximity to the practice can be used. It was confirmed that this AED can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. A number of additional oropharyngeal airways observed had exceeded their expiry dates. These airways were removed on the day of the inspection.

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 October 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

Areas for improvement were identified and have been addressed following the inspection and supporting evidence of this was provided to RQIA.

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 in the main the practice including the clinical areas was clean, tidy and uncluttered. However, the floor and worktops of the decontamination room were cluttered with various items; disposable hand towels were stored on the worktop and the paintwork on the walls was chipped and needed repainted. Following the inspection RQIA received confirmation that the decontamination room had been decluttered, cleaned, the walls had been repainted and the disposable handtowels and hand soap had been wall mounted.

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 identified areas of good practice. Given the issues identified in the decontamination room it was suggested that the IPS audit could be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. It was confirmed that when areas had been identified previously an action plan had been developed and embedded into practice to address any shortfalls identified.

The audits are usually carried out by the one of the dental nurses. 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. Following the inspection RQIA received an email from Mr Rae to confirm that a risk assessment has been undertaken and circulated to all clinical members of staff. Mr Rae confirmed that the staff are

individually responsible for handling sharps and following the guidelines for the safe use and disposal of sharps.

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 ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

Areas for improvement were identified and have been addressed following the inspection and supporting evidence of this was provided to RQIA.

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.

As discussed a review of the most recent IPS audit, completed during June 2018, evidenced that the audit 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, 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 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 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. It was confirmed that one of the intra-oral machines was not operational. In addition there is a cone beam computed tomography (CBCT) machine which is located in a separate room.

Mr Rae 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. 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 the staff.

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 20 patients indicated that they were either satisfied or very satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses are as follows:

- “It is a fantastic practice.”
- “I am very happy with all aspects of care I have received at Sandown Dental Practice,”
- “I have in the past found the cleaning of my teeth quite distressful/uncomfortable. However, this has now been discussed with and managed by the dental team.”
- “I am new to this practice and as such I have not had sufficient treatments to form permanent views – to date all is good.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No questionnaires were completed.

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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