

Announced Care Inspection Report 7 August 2018



South Down Dental Clinic

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

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Inspector: Emily Campbell

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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 five registered places which provided specialised dental care and treatment on a referral only basis.

3.0 Service details

Organisation/Registered Provider: Miss Paula McHenry Mr Andrew Linton	Registered Manager: Miss Paula McHenry
Person in charge at the time of inspection: Miss Paula McHenry	Date manager registered: 13 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Action/enforcement taken following the most recent inspections dated 30 June 2017

The most recent inspections of the practice were announced variation to registration care and premises inspections, which were both undertaken on 30 June 2017. The completed care quality improvement plan (QIP) was returned and approved by the care inspector.

The premises QIP has not been received and is being followed up by the estates inspector. However, information reviewed by, and documentation provided to, the care inspector during this inspection pertaining to the premises QIP was given to the estates inspector following this inspection.

4.1 Review of areas for improvement from the last care inspection dated 30 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.3 Stated: First time	The registered persons shall ensure that the radiation protection file is reviewed. The radiation protection file should include: <ul style="list-style-type: none"> • the name and details of the radiation protection advisor (RPA) • records of radiology training • an inventory of all x-ray equipment 	Met

	<ul style="list-style-type: none"> records that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties 	
	<p>Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that the above actions have been addressed.</p>	
<p>Area for improvement 2 Ref: Standard 11.3 Stated: First time</p>	<p>The registered persons shall ensure that a record of induction is completed and retained for any new staff recruited in the future.</p>	Met
	<p>Action taken as confirmed during the inspection: Four staff members have been recruited since the previous inspection. Review of the personnel files of two of these staff evidenced that induction records had been completed and retained.</p>	

5.0 Inspection findings

An announced inspection took place on 7 August 2018 from 09:45 to 12:40.

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 Miss Paula McHenry, registered person; a dentist; the lead dental nurse; and a receptionist. A tour of some areas of the premises was also undertaken. The lead dental nurse facilitated the inspection.

The findings of the inspection were provided to Miss McHenry and the lead dental nurse 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. The dosage of Buccolam provided was discussed with Miss McHenry, who was satisfied that suitable arrangements were in place to ensure accurate administration of the medication to the various age groups.

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 February 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.

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, 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 during July 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the lead dental nurse and it was confirmed that the findings of the IPS audit are discussed with staff at 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.

On discussion it was identified that, since the previous inspection, a staff member had sustained a sharps injury. Although appropriate action had been taken, the documentation of the incident lacked detail regarding the investigation and outcome/learning. Confirmation was provided by email on the afternoon of the inspection that the incident report folder has been further developed to include documentation of these areas.

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.

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 two steam sterilisers, has been provided to meet the practice requirements. The washer disinfectant and one steriliser had current validation. The validation of the second steriliser was overdue; however, written documentation from the supplier confirmed that the steriliser would be validated on 10 September 2018. Sterilisers have been inspected in keeping with the written scheme of examination of pressure vessels. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the automatic control test (ACT) in respect of one of the sterilisers. Assurance was provided that the details of the ACT would be recorded from the date of the inspection.

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 five surgeries, each of which has an intra-oral x-ray machine. In addition there is a Cone Beam Computerised Tomography (CBCT) scanner which is located in a separate room. All x-ray equipment was commissioned in June 2017.

Miss McHenry, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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 intra-oral x-ray machines and CBCT scanner, which were newly installed prior to the previous inspection, had a critical examination and acceptance test undertaken by the RPA in June 2017. A review of the report by the RPA demonstrated that any recommendations made have been addressed. It was confirmed that the RPA will complete a quality assurance check every three years. The inspector advised that the CBCT should have a quality assurance check completed annually; however, the practice contacted the RPA during the inspection, who

advised that an annual check was not yet a legal requirement unless deemed necessary. On 15 August 2108, a copy of the HPA ‘Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment’ which states that CBCT should be ‘adequately tested’ before first use and then annually by the RPA/MPE was emailed to the practice. Miss McHenry was advised to get written confirmation from the RPA that an annual check is not required; this should be retained in the radiation protection file. Alternatively arrangements should be made for the CBCT to be tested in the near future by the RPA and annually thereafter.

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. X-ray quality grading were not dentist specific and justification and clinical evaluation recording audits had not been completed within the last year. Miss McHenry advised and demonstrated that the electronic patient record system does not allow progression from the x-ray section without these details being entered. Confirmation was provided by email on the afternoon of the inspection that arrangements have been made to ensure that x-ray quality grading audits are dentist specific and that justification and clinical evaluation recording audits were currently being undertaken in respect of each dentist.

Areas of good practice

Review of radiology and radiation safety arrangements and information received following the inspection confirms 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 staff.

5.6 Patient and staff views

Eight patient questionnaire responses were received by RQIA. However, on review, it was identified that three of the responses were submitted by staff members. Of the questionnaire responses submitted by patients, all five 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. No comments were provided in questionnaire responses.

The three staff who submitted patient questionnaire responses all indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All indicated that they were very satisfied with each of these areas of patient care. No comments were provided in questionnaire responses. RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No electronic staff questionnaire responses were received.

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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