

Announced Care Inspection Report 28 November 2018



Stewarts Dental Practice

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

Address: 5 Suffolk Parade, Belfast, BT11 9JR

Tel no: 028 9061 1688

Inspector: Winnie Maguire

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.

3.0 Service details

Registered organisation/registered person: Mr John Stewart Ms Patricia Thomas(acting)	Registered manager: Mr John Stewart Ms Patricia Thomas(acting)
Person in charge of the practice at the time of inspection: Mr John Stewart	Date manager registered: 26 August 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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

The most recent inspection of the Stewart 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 27 April 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 15.3 Stated: First time	The adult safeguarding policy and procedures should be updated in line with the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding.	Partially met

	<p>Action taken as confirmed during the inspection: Review of the safeguarding policy found it not to be fully in line with the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Staff had undertaken online safeguarding training. It was advised in addition to the online training that the safeguarding lead should attend face to face Northern Ireland based training and cascade the training to other members of the team.</p> <p>The area of improvement has been partially met and is restated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The following infection prevention and control (IPC) measures should be implemented:</p> <ul style="list-style-type: none"> • the sharps boxes should have the date it was assembled on recorded on the labelling and consideration should be given to wall mounting sharp boxes • the fabric covered chair in surgery one should be removed • the carpet-type rug placed under the dentist's chair in surgery one should be removed and if necessary replaced by a covering in accordance to best IPC practice <p>Action taken as confirmed during the inspection: Review of the practice noted that the sharps boxes are wall mounted and labelled. The chair has been replaced. The rug has been removed and replaced by new suitable flooring.</p>	Met

5.0 Inspection findings

An announced inspection took place on 28 November 2018 from 10.45 to 12.20.

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 John Stewart, registered person, Ms Patricia Thomas, acting responsible individual, and acting registered manager; and a dental nurse. A tour of the premises was also undertaken.

Mr John Stewart, registered person, had an extended period of absence from the practice. RQIA received a notification of absence and Ms Patricia Thomas was approved as acting responsible individual and acting registered manager from 17 October 2017. Mr Stewart has now returned to his role as registered person and following discussion it was agreed Ms Thomas would make an application to RQIA to become registered manager. It was advised to contact the RQIA's registration team to formally inform them of Mr Stewart's return to his position as registered person and to progress the application of Ms Thomas as registered manager. Following the inspection Ms Thomas confirmed she had contacted RQIA's registration team on the above matter.

The findings of the inspection were provided to Mr Stewart and Ms Thomas 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 with the exception of adrenaline 500micrograms(adult dose). RQIA received confirmation from Ms Thomas that this emergency medicine had been purchased and was available in the practice. 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 on 30 July 2018.

It was confirmed that the practice had two inhalation sedation machines in use. The machines had not been serviced in the last year and the practice had not completed a risk assessment on the use of the machines. In light of this information, it was advised not to use the two inhalation sedation machines until these matters had been addressed. Following the inspection RQIA received confirmation that the machines had been taken out of use whilst awaiting servicing and completion of risk assessments. An inhalation machine had been acquired on loan and it was confirmed it will not be put into use until an installation certificate is in place and the risk assessment has been completed.

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 most areas of practice, including the clinical areas were clean, tidy and uncluttered. The following was noted that in the decontamination room:

- three used nails brushes were placed at a wash hand basin. Staff confirmed that these had been used to clean the chemical x-ray processor and not used as part of hand hygiene.
- a brush and a mop (stored head down) were situated adjacent to the hand washing sink.
- an open top bin was placed under a worktop area.
- there were no gloves available in the decontamination room. Staff replaced them during the inspection.

An area of improvement has been made under the standards to ensure strict compliance with infection prevention and control best practice.

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 November 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 the senior dental nurse. Discussion with staff confirmed that any learning identified as a result of these audits is shared at practice 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 most 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

The following areas should be actioned:

- ensure used nail brushes are not placed at wash hand basins
- the use of nail brushes for the cleaning of the chemical x-ray processor should be reviewed and manufacturer's cleaning instructions must be adhered to
- do not store cleaning equipment such as a brush and a mop in the decontamination room
- ensure a pedal operated bin is available for use in the decontamination room and remove the open top bin
- ensure personal protective equipment including gloves is readily available in the decontamination room
- ensure strict compliance with infection prevention and control best practice

	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.

As previously stated, a review of the most recent IPS audit, completed during November 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.

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 and a steam steriliser, has been provided to meet the practice requirements. The steam steriliser used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. The washer disinfector has not been serviced or validated since October 2017 and was now overdue. Following the inspection, RQIA received confirmation that the washer disinfector had a scheduled service for early January 2019.

Staff confirmed that equipment periodic tests are undertaken in keeping with HTM 01-05. It was noted that the equipment logbooks had not been completed since 29 October 2018. An area of improvement was identified against the standards on this matter.

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

Periodic testing for decontamination equipment must be recorded in logbooks in keeping with HTM 01-05.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine.

Mr Stewart 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), Mr Stewart, 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.

It was noted that the radiology equipment had not been serviced in the last year. Following the inspection, RQIA received confirmation that servicing of the radiology equipment had been scheduled for early January 2019.

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 this 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 Stewart and Ms Thomas.

The practice did not collect any equality data on patients and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

5.6 Patient and staff views

No patients submitted questionnaire responses to RQIA. Mr Stewart and Ms Thomas confirmed that the patient questionnaires had been distributed to patients.

No staff submitted questionnaire responses to RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3

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 John Stewart, registered person and Ms Patricia Thomas, acting registered 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 13.2</p> <p>Stated: First time</p> <p>To be completed by: 28 December 2018</p>	<p>The registered person shall ensure the following areas are actioned:</p> <ul style="list-style-type: none"> • ensure used nail brushes are not placed at wash handing basins • the use of nail brushes for the cleaning of the chemical x-ray processor should be reviewed and manufacturer’s cleaning instructions must be adhered to • do not store cleaning equipment such as a brush and a mop in the decontamination room • ensure a pedal operated bin is available for use in the decontamination room and remove the open top bin • ensure personal protective equipment including gloves is readily available in the decontamination room • ensure strict compliance with infection prevention and control best practice <p>Ref:5.2</p>
	<p>Response by registered person detailing the actions taken: All above standards have been met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 28 December 2018</p>	<p>The registered person shall ensure that the decontamination equipment logbooks are completed in keeping with HTM 01-05.</p> <p>Ref: 5.3</p>
	<p>Response by registered person detailing the actions taken: The equipment logbooks are now in keeping with HTM-105</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: Second time</p> <p>To be completed by: 28 January 2019</p>	<p>The registered person shall ensure that the adult safeguarding policy and procedures should be updated in line with the regional guidance document entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015) and staff should undertake update training on adult safeguarding.</p> <p>Ref: 4.1</p>
	<p>Response by registered person detailing the actions taken: Level 2 safeguarding training will be sourced through NIMDTA and staff will be attending.</p>



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care