

# Announced Care Inspection Report 13 November 2018



## Slevin Dental

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

**Address: 12 Loy Street, Cookstown, BT80 8PE**

**Tel No: 028 8676 2206**

**Inspector: Philip Colgan**

[www.rqia.org.uk](http://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 three registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Marc Slevin	<b>Registered Manager:</b> Mr Marc Slevin
<b>Person in charge at the time of inspection:</b> Mr Marc Slevin	<b>Date manager registered:</b> 12 April 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 01 February 2018

The most recent inspection of Slevin Dental 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 01 February 2018

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> Second time	The registered person must provide confirmation to the RQIA that a written scheme for pressure systems has been prepared for each item of pressure equipment and that the equipment is being examined and maintained in accordance with the scheme. This information should be made available in the practice for examination.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered provider and review of documentation evidenced the written scheme for pressure systems has been	

	prepared and service documents have been retained and therefore this area for improvement has been met.	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> Second time	<p>An overarching policy for the management of medical emergencies should be developed. The following information should be included in the policy:</p> <ul style="list-style-type: none"> <li>• training</li> <li>• a list of equipment and emergency medication provided</li> <li>• checking procedures</li> <li>• how to summons help</li> <li>• documentation of any incidents</li> <li>• staff debriefing post incident</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          Discussion with the registered provider and staff and review of the policy for the management of medical emergencies evidenced that this area for improvement has been met.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time	<p>The safeguarding lead should complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          Discussion with the registered provider and review of certificates of attendance at training courses evidenced that this area for improvement has been met.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	<p>Glucagon medicine should be stored in keeping with the manufacturer's guidance.</p>	<b>Met</b>
	<p>If Glucagon is stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p>If Glucagon is stored at room temperature a revised expiry date of 18 months from the date</p>	

	of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken.	
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered provider and inspection of the emergency medications evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time</p>	<p>Patient satisfaction surveys should be carried out at least on an annual basis and a summary of the results made available to patients.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered provider and review of the results of the patient satisfaction surveys evidenced that this area for improvement has been met.</p>	

## 5.0 Inspection findings

An announced inspection took place on 13 November 2018 from 09.50 to 11.20.

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 Marc Slevin, registered provider, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Slevin 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 practice does not have an Automated External Defibrillator (AED). Mr Slevin and staff confirmed that there is an AED available in the doctor’s surgery next door to the practice. A discussion took place in relation to how the practice should ensure there is timely access to an AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines. It was identified that location of the AED had been incorporated into the practice’s medical emergency protocols.

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 medical emergency refresher training took place in 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.

**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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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 in November 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.

In discussion, it was suggested that the audits be carried out by the dental nurses on a rotational basis. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice and provide the staff members with verifiable Continuing Professional Development (CPD). Staff confirmed that the findings of audits are discussed at 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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 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 a steam steriliser, 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 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 three surgeries, each of which has an intra-oral x-ray machine.

Mr Slevin, as the radiation protection supervisor (RPS), 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 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 most recent RPA report dated July 2017 demonstrated that no recommendations had been made.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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**

**Patient and staff views**

Twenty patients submitted questionnaire responses to RQIA. All responses 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 included in the submitted questionnaire responses.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Eight responses were received. All of the responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them and indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire responses.

**5.7 Total areas for improvement**

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included as part of this inspection report.



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