

Announced Care Inspection Report 21 December 2018



Tandragee Dental Surgery

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

Address: 29 Church Street, Tandragee BT62 2AF

Tel No: 028 3884 1778

Inspector: Norma Munn

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 two registered places. The dental practice also provides a range of cosmetic/aesthetic treatments however, this inspection focused solely on private dental care and treatment and the category of care for which the establishment is registered with RQIA.

3.0 Service details

Organisation/Registered Providers: Mr Bryan Wright and Ms Allison Burnett	Registered Manager: Ms Allison Burnett
Person in charge at the time of inspection: Mr Bryan Wright	Date manager registered: 23 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Action/enforcement taken following the most recent inspection dated 26 September 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 26 September 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 21 December 2018 from 10.30 to 12.00.

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 Wright, registered person, the practice manager and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Wright 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, in the main, emergency medicines were provided in keeping with British National Formulary (BNF). It was identified that Buccolam pre filled syringes and Adrenaline were not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) guidance 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 recommended and following the inspection RQIA received photographic evidence to confirm that the supply of Buccolam and Adrenaline had been increased accordingly.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines had been provided. 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 and further training had been arranged to take place during January 2019.

Relative Analgesia (RA) sedation, using nitrous oxide gas, is available for patients who are assessed as needing it. RA sedation arrangements were reviewed and it was confirmed that the equipment used to deliver the RA sedation had been serviced during 2016. As it was more than a year from the last service, discussion took place regarding the frequency of servicing. The importance of ensuring that the RA machine is serviced and maintained in keeping with manufacturer's instructions was discussed and Mr Wright was advised not to use the RA machine until such times as it has been serviced and maintained. Mr Wright confirmed that the RA equipment is rarely used and he was considering whether to continue to offer this service. Following the inspection RQIA received confirmation that the RA equipment had been disconnected and RA sedation would no longer be offered to patients.

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 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 the practice, including the clinical and decontamination areas was clean, tidy and uncluttered. A gap/tear was observed in the area under the head rest of one of the dental chairs. Mr Wright has agreed to address this issue.

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 by Mr Wright, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Wright confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again during staff meetings. It was suggested that clinical staff should 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 all 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'. Mr Wright confirmed that it is the responsibility of the dentist to safely dispose of used needles. It was advised that all dentists should review the regulations named above and consider using safer sharps. Where this is not practicable a risk assessment should be undertaken for all staff who do not use safer sharps; any areas for improvement within the risk assessment should be

addressed. Following the inspection RQIA received confirmation that a risk assessment had been completed and areas identified addressed.

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 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. Mr Wright has agreed to repair/repaint the decontamination room walls where the paint work has become chipped.

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 July 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 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 two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Wright 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. Mr Wright as the radiation protection supervisor (RPS) confirmed that he 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. Mr Wright confirmed that any recommendations made as a result of the most recent visit by the RPA have been addressed.

Mr Wright confirmed that the x-ray equipment had not been serviced since 2016. Following the inspection RQIA received confirmation that the x-ray equipment was serviced on 9 January 2019. Mr Wright is aware that all x-ray equipment needs to be serviced in accordance with manufacturer’s instructions.

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

Mr Wright 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 staff.

5.6 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All of the 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 of the 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:

- “Happy with professional treatment.”
- “Excellent care and treatment following an accident.”
- “Always met with a lovely welcome, all staff are efficient, caring and explain all aspects of treatment. Great service.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Two staff submitted questionnaire responses to RQIA and indicated that they felt that patient care was safe and effective, and that patients were treated with compassion. Both staff were very satisfied with each of these areas of patient care.

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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