

Announced Care Inspection Report 27 November 2018



Haugh Dental Care

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

Address: 5 Newcastle Street, Kilkeel BT34 4AF

Tel No: 028 4176 4210

Inspector: Philip Colgan

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 four registered places.

3.0 Service details

Organisation/Registered Person: Mr Raymond Haugh	Registered Manager: Mr Raymond Haugh
Person in charge at the time of inspection: Mr Raymond Haugh	Date manager registered: 25 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 15 February 2018

The most recent inspection of the establishment was a variation to registration care and premises 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 15 February 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff, including self-employed staff, who commence work in the future.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff evidenced that this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 25 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall forward confirmation from the Local Authority Building Control Department that the building works have been completed in compliance with Building Regulations.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with the Mr Haugh evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an induction is completed for any new staff recruited in the future and a record of this should be retained.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with staff evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with staff evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the safeguarding policy for adults is reviewed and further developed to fully reflect the regional policy and procedural guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that this area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall seek advice and guidance from the medico-legal advisor in regards to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be actioned.</p> <p>The arrangements to access an AED should be included in the medical emergency policy.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with staff evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall address the following issues identified in relation to infection prevention and control:</p> <ul style="list-style-type: none"> • wall mount disposable hand towel dispenser in the identified staff toilet area • wall mount soap dispensers in the identified surgeries • provide pedal or sensor operated waste bins in clinical areas • provide hand hygiene signage in the identified surgery • the gap where the work top meets the wall in the identified surgery 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A tour of the premises evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a six monthly audit of compliance with HTM 01-05 using the IPS audit tool is undertaken and any deficits identified are addressed.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that this area for improvement has been met.</p>		

5.0 Inspection findings

An announced inspection took place on 27 November 2018 from 08.35 to 10.40.

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 Mr Raymond Haugh, registered person; an associate dentist; a dental therapist; and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Haugh 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 Haugh and staff confirmed that there is an AED available within close proximity 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 January 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 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.

During discussion, it was identified that conventional needles and syringes are used by the clinicians 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 '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. A risk assessment has been carried out and shared with all staff. All staff are trained in the safe use and disposal of needles. It was advised that consideration should be given to using safer 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 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.

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 four surgeries, each equipped with an intra-oral x-ray machine

Mr Haugh, 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 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
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

Patient and staff views

Seven 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. The following comments were included in submitted questionnaire responses:

- “A great dental practice. Excellent service to our community.”
- “The staff are so kind and friendly.”

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.

The following comment was included in a submitted questionnaire response:

- “Good workplace which is patient centred.”

5.7 Total 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 quality improvement plan (QIP) is not required or included as part of this inspection report.



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