

Announced Care Inspection Report 5 November 2018



Farmer Dental

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

Address: 16 Hamilton Road, Bangor BT20 4LE

Tel No: 02891 270426

Inspector: Bridget Dougan

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

Organisation/Registered Person: Dr Tracey Moynihan	Registered Manager: Dr Tracey Moynihan
Person in charge at the time of inspection: Dr Tracey Moynihan	Date manager registered: 23 January 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 25 January 2018

The most recent inspection of the establishment 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 25 January 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
Area for improvement 1 Ref: Regulation 19 Schedule (2) as amended Stated: First time	The registered person shall ensure that all information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new staff, including self-employed staff commencing work in the future.	Met
	Action taken as confirmed during the inspection: A review of the personnel files for three recently recruited staff evidenced that all relevant pre-employment information had been sought and retained in accordance with	

	Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Discussion with Dr Moynihan confirmed that this information would also be obtained for any self-employed staff commencing work in the future.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time	The registered person shall ensure that all new staff complete an induction programme and a record is retained.	Met
	Action taken as confirmed during the inspection: Review of the induction records of three recently recruited staff evidenced that an induction programme had been completed and a record retained.	
Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall implement a system to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training are to be retained.	Met
	Action taken as confirmed during the inspection: Discussion with Dr Moynihan and review of staff CPD records evidenced that a system had been implemented to monitor and ensure that the CPD requirements of all clinical staff, including self-employed staff had been met.	
Area for improvement 3 Ref: Standard 13 Stated: First time	The registered person shall ensure that the torn area on the dental chair in the hygienist surgery is repaired or re-upholstered to provide an intact surface that will facilitate effective cleaning.	Met
	Action taken as confirmed during the inspection: This dental chair is located in the surgery which is no longer in operation. Dr Moynihan confirmed that, should this surgery become operational in the future, the fabric of the dental chair will be repaired or re-upholstered prior to it becoming operational.	

<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff have received local radiation training relevant to their duties and the local rules have been signed by new staff to confirm that they had read and understood these.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that staff have received local radiation training relevant to their duties and the local rules had been signed by new staff to confirm that they had read and understood them.</p>		

5.0 Inspection findings

An announced inspection took place on 5 November 2018 from 10.00 to 13.00.

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 Dr Tracey Moynihan, registered person two dental nurses and one receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Dr Moynihan 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, in keeping with the British National Formulary (BNF), were retained. It was observed that Adrenaline was retained in auto-injectors. Two doses of Adrenaline were provided in 300 micrograms and one dose in 150 and 500 micrograms. Sufficient stock of Adrenaline should be available in order to be able to administer a second dose to the same patient if required, in keeping with the Health and Social Care Board (HSCB) and BNF. This was discussed with Dr Moynihan who readily agreed to provide two doses of Adrenaline 150 and 500 micrograms and confirmed, following the inspection, that these quantities had been obtained.

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 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 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 October 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Dr Moynihan confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues. The audits are carried out by the lead dental nurse and any learning identified as a result of these audits is shared with staff.

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 safer sharps are being used by dentists in accordance with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.

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 the use of safer sharps, 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 have 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, only two of which are operational. An intra-oral x-ray machine is available in all three surgeries. The intra-oral machine located in the non-operational surgery has been decommissioned.

Dr Moynihan is the radiation protection supervisor (RPS) and she confirmed she 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. Dr Moynihan 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.

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 Dr Moynihan.

Discussion with Dr Moynihan and review of information evidenced that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 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 patient questionnaire responses.

Three staff submitted questionnaire responses to RQIA. All indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care. No comments were included in staff questionnaire responses.

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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