# Announced Care Inspection Report
# 26 September 2018

# Whiteabbey Dental Practice

**Type of Service: Independent Hospital (IH) – Dental Treatment**
**Address: 138 Doagh Road, Newtownabbey BT37 9QR**
**Tel No: 028 9086 2726**
**Inspector: Carmel McKeegan**

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 Provider:**<br>Mr Kevin McVeigh | **Registered Manager:**<br>Mr Kevin McVeigh |
| **Person in charge at the time of inspection:**<br>Mr Kevin McVeigh | **Date manager registered:**<br>20 February 2017 |
| **Categories of care:**<br>Independent Hospital (IH) – Dental Treatment | **Number of registered places:**<br>Four |

## 4.0 Action/enforcement taken following the most recent inspection dated 10 November 2017

The most recent inspection of the Whiteabbey Dental Practice was an announced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 10 November 2017

| **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**<br><br>**Ref**: Regulation 19 (2) Schedule 2, as amended<br><br>**Stated:** First time | The registered person shall ensure that all recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained on commencement of employment. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with Mr McVeigh confirmed that two staff had been recruited since the previous inspection. A review of the personnel files for both staff members demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) | |

| | | |
|---|---|---|
| | 2005 has been sought and retained. | |
| **Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 11.3<br><br>**Stated:** First time | The registered person shall ensure that a record of induction will be completed for any new staff member commencing work in the practice.<br><br>A record of induction should be completed for the identified staff members. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A record of induction had been completed for both new staff members. | |

## 5.0 Inspection findings

An announced inspection took place on 26 September 2018 from 14.00 to 15.45.

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 Kevin McVeigh, registered person and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr McVeigh 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 were provided in keeping with the British National Formulary (BNF). A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr McVeigh has advised that Buccolam and Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). Mr McVeigh and staff confirmed that an AED was available at the hospital situated within close proximity to the practice. A discussion took place in relation to how the practice should ensure there is timely access to the AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines. It was identified that the location of the AED had not been incorporated into the practice's medical emergency protocols. Mr McVeigh agreed to update the management of medical emergency protocols in this regard and stated that it is his intention to provide an AED in the practice.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Relative analgesia (RA) is offered in this practice as a form of sedation. A review of records and discussion with Mr McVeigh confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. Mr McVeigh confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with the recent DOH guidance issued on 6 September 2017.

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 November 2017 and an update is scheduled for November 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 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.

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 on 17 September 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

The audits are carried out by Mr McVeigh and staff confirmed that the findings of audits are discussed at staff meetings. 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.

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.

It was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable'. Mr McVeigh confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for each dentist who do not use safer sharps. Consideration should be given to the use of safer sharps. An area for improvement was made against the standards in this regard.

**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**

A risk assessment should be undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

| | 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 discussed, review of the most recent IPS audit, completed during September 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 disinfector, a DAC Universal 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 in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control (ACT) test in respect of the steam sterilisers were not being recorded in the individual logbooks. This was discussed with Mr McVeigh and staff who confirmed that as the ACT is recorded on the data logger for one steriliser and a print-out was provided for the other steriliser they had considered this to be sufficient. Advice and guidance was provided in relation to HTM 01-05 and it was agreed that the daily ACT results would be recorded in the respective dedicated logbooks. It was also observed that a weekly protein residue test was not being undertaken for the DAC Universal this was discussed and advice was provided. An area for improvement against the standards has been made to ensure the daily ACT test results are recorded in the respective logbooks and the weekly protein residue test is 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, in general, 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**

The details of the daily ACT should be recorded in the steam steriliser logbooks and a weekly protein residue test should be undertaken for the DAC Universal and recorded in the respective logbook.

| | Regulations | Standards |
|---|---|---|
| **Areas for improvement** | 0 | 1 |

## 5.4 Radiology and radiation safety

**Radiology and radiation safety**

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

Mr McVeigh is the radiation protection supervisor (RPS) in the practice and confirmed that he is 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 Mcveigh stated that since the previous inspection digital radiology has been installed.

The appointed RPA completes a quality assurance check every three years, and the most recent visit took place on 9 April 2018 following installation of digital radiology. A review of the report in relation to this most recent visit showed that the recommendations made had not been addressed. This was discussed with Mr McVeigh who confirmed that the recommendations had all been addressed but the relevant section of the report had not been completed in this regard. An area of improvement against the standards as been made in this regard.

Further review of the radiation protection file revealed that the file, updated following the recent RPA visit, had not been signed by staff to verify they have read the contents which included the relevant local rules, employer's procedures and other additional information. Mr McVeigh confirmed that this would be given immediate attention. An area of improvement against the standards as been made in this regard.

A copy of the local rules was on display near each x-ray machine and staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

**Areas of good practice**

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes an active approach to the management of radiology and radiation safety.

**Areas for improvement**

The radiation protection supervisor should complete the relevant section of the most recent report dated 9 April 2018 to confirm that all recommendations made within the report had been fully addressed.

The radiation protection file should be signed by all relevant staff to verify they are aware of the updated local rules, employer's procedures and other additional information following the installation of digital radiology.

| | Regulations | Standards |
|---|---|---|
| **Areas for improvement** | **0** | **2** |

## 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 McVeigh and staff.

## 5.6 Patient and staff views

Twelve 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 either very satisfied or satisfied with each of these areas of their care. The following comments were included in submitted questionnaire responses:

- 'Very happy with the treatment by all staff- dental and reception.'
- 'Very knowledgeable staff, helpful and very friendly towards myself and my daughter. Changed to this practice many years ago from advice of family members on how nice they were.'

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 5.7 Total number of areas for improvement

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | **0** | **4** |

## 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 Kevin McVeigh, registered person, 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) | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Standard 8.5<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 November 2018 | The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.<br><br>Ref: 5.2 |
| | **Response by registered person detailing the actions taken:**<br>Risk assessments have been undertaken for all dentists with regards to their sharps protocol. No areas for improvement were required. |
| **Area for improvement 2**<br><br>**Ref**: Standard 13.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 September 2018 | The registered person shall ensure that the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbooks and a weekly protein residue test is undertaken for the DAC Universal and the findings recorded in the respective logbook.<br><br>Ref: 5.3 |
| | **Response by registered person detailing the actions taken:**<br>The details of the ACT will be recorded in the steam steriliser logbooks and a weekly protein test for the DAC Universal will be done with the findings recorded in the DAC logbook. |
| **Area for improvement 3**<br><br>**Ref**: Standard 8.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 September 2018 | The registered person shall ensure that the relevant section of the most recent report undertaken by the radiation protection advisor (RPA) dated 9 April 2018 is completed to confirm that all recommendations made within the report have been fully addressed.<br><br>Ref: 5.4 |
| | **Response by registered person detailing the actions taken:**<br>The relevant section of the most recent report has been completed and all recommendations made have been addressed. |
| **Area for improvement 4**<br><br>**Ref**: Standard 8.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 October 2018 | The registered person shall ensure that all relevant staff sign the radiation protection file to verify they are aware of the updated local rules, employer's procedures and other additional information following the installation of digital radiology.<br><br>Ref: 5.4 |
| | **Response by registered person detailing the actions taken:**<br>All relevant staff have signed the file to verify that they are aware of |

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|---|---|
| | the updated local rules, employer's procedures and other additional information following the installation of digital radiography. |

***Please ensure this document is completed in full and returned via Web Portal***

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