Announced Care Inspection Report
22 October 2019

Whiteabbey Dental Practice

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

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 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

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

4.0 Action/enforcement taken following the most recent inspection dated 26 September 2018

The most recent inspection of the establishment 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 26 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time	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.	**Met**

	Response by registered person detailing the actions taken: Discussion with Mr McVeigh and review of records confirmed that risk assessments have been undertaken for all dentists who do not use safer sharps; no areas for improvement were identified within the risk assessment.	
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time	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.	**Partially met**
	Response by registered person detailing the actions taken: Discussion with Mr McVeigh and review of records confirmed that the weekly protein residue test is being completed for the DAC Universal and the findings recorded in the appropriate logbook. However details of the daily automatic control test (ACT) were not being recorded in the logbook for one of the steam sterilisers. This unmet element of the area for improvement will be carried forward to a new area for improvement relating to the completion and recording of periodic tests for decontamination equipment (see section 5.4).	
Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time	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.	**Met**
	Response by registered person detailing the actions taken: Discussion with Mr McVeigh and review of records indicated that the relevant section on the radiation file had been completed to confirm that the recommendations made in the RPA report dated 9 April 2018 had been fully addressed.	

Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time	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.	**Met**
	Response by registered person detailing the actions taken: Discussion with Mr McVeigh and review of records confirmed that all relevant staff had signed 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.	

5.0 Inspection findings

An announced inspection took place on 22 October 2019 from 10.00 to 12.45.

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 receptionist, who is also a dental nurse. A tour of some areas 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, in general, were retained in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the HSCB. A discussion took place with regards to the procedure for the safe administration of Buccolam and Mr McVeigh was advised to increase the supply of Buccolam accordingly. Following the inspection RQIA received evidence via email to confirm that the supply of Buccolam had been increased as advised.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

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 January 2019.

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

Further to information submitted following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr McVeigh confirmed that inhalation sedation, known as relative analgesia (RA), used to be offered in this practice as a form of sedation. Due to a lack of demand for this treatment Mr McVeigh confirmed that the use of conscious sedation was discontinued during September 2019. During a tour of some areas of the premises, notices were on display to inform patients that conscious sedation was no longer available. Mr McVeigh confirmed that the RA equipment has been decommissioned and will be removed in due course.

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that in general the practice, including the clinical areas, was clean, tidy and uncluttered.

It was identified that a chlorine releasing agent was not available for blood and body fluid spillages. Mr McVeigh was advised to obtain this item. Following the inspection RQIA received evidence via email to confirm that this item had been provided.

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 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by Mr McVeigh and dental nurse staff and Mr McVeigh confirmed that any learning identified as a result of these audits is shared at staff meetings.

Review of personnel records demonstrated that evidence of Hepatitis B vaccination status was retained. These records had either been generated by the staff member's GP or by an occupational health department. Mr McVeigh confirmed that recruited clinical staff members, new to dentistry, were automatically referred to occupational health.

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

Further to information submitted following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.4 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. It was identified that some surfaces in the decontamination room were dusty and cluttered. Mr McVeigh was advised to ensure that a deep clean of the decontamination room was undertaken and that any items not required for use in the decontamination process were removed. An area for improvement against the standards has been made in this regard.

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 disinfector, a DAC Universal, and two steam sterilisers, 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.

A review of equipment logbooks evidenced that, in the main, periodic tests had been undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control test (ACT), was not being recorded in the associated logbook in respect of one of the steam sterilisers. An area for improvement against the standards was made in this regard during the previous inspection. This element of the area for improvement remains unmet and will be carried forward to a new area for improvement relating to the completion of periodic tests for all equipment used in the decontamination process.

During the inspection it was also identified that the daily visual efficacy tests for the washer disinfector and the daily steam penetration test for one steam steriliser were not being recorded in the associated equipment logbooks. Advice and guidance was shared with staff in relation to the required periodic tests in keeping with best practice. During discussion with Mr McVeigh, he was advised to implement a robust system to ensure that all periodic tests are undertaken and recorded in keeping with HTM 01-05. An area for improvement against the standards has been made in this regard.

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, generally, best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments.

Areas for improvement

A deep clean of the decontamination room should be undertaken. Any items not required for use in the decontamination process should be removed.

A robust system should be implemented to ensure that all periodic tests for equipment used in the decontamination process are undertaken and recorded in keeping with HTM 01-05.

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

5.5 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, as 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. Mr McVeigh 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, completed during April 2018, 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**

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Mr McVeigh confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision as necessary.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr McVeigh is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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.

5.9 Patient and staff views

Nine 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.

Comments included in submitted questionnaire responses are as follows:

- "Always very kind and helpful. You always feel in safe hands."
- "Fantastic dentist. Makes me feel so comfortable."

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

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**2**

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 McVeigh, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 **Ref**: Standard 13.1 **Stated:** First time **To be completed by:** 19 November 2019	The registered person shall ensure that a deep clean of the decontamination room is undertaken. Any items not required for use in the decontamination process should be removed. Ref: 5.4 **Response by registered person detailing the actions taken:** A deep clean of the decontamination room has been undertaken and items not required for use in the decontamination process have been removed.
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 23 October 2019	The registered person shall implement a robust system to ensure that all periodic tests for equipment used in the decontamination process are undertaken and recorded in keeping with HTM 01-05. Ref: 4.1 & 5.4 **Response by registered person detailing the actions taken:** A robust system has been put in place to ensure that all periodic tests for equipment used in the decontamination process are undertaken and recorded in keeping with HTM 01-05.

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