

Announced Care Inspection Report 13 June 2018



Maine Dental Practice

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

Address: 14b Old Mill Park, Cullybackey, BT42 1GP

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Inspector: Carmel McKeegan

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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 Provider: Maine Dental Practice Responsible Individuals: Mr Niall Johnston Mr Jonathon McKeown Mr Mark Connaughty	Registered Manager: Mr Niall Johnston
Person in charge at the time of inspection: Mr Niall Johnston	Date manager registered: 03 February 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent care inspection dated 12 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 September 2017.

4.1 Review of areas for improvement from the last care inspection dated 12 September 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 Ref: Regulation 21 (3) Part II of Schedule 3 Stated: First time	The registered persons shall ensure a staff register is provided and should contain the following staff details: <ul style="list-style-type: none"> • name and date of birth • detail of position within the practice • dates of employment (start and end dates) • details of professional qualifications and registration with professional body, where applicable <p>The staff register is a live document and should be kept up to date.</p>	Met
	Action taken as confirmed during the inspection: Discussion with Mr Johnston and review of records confirmed that the staff register contains all the information as listed above and was kept up to date.	
Area for improvement 2 Ref: Regulation 15 (2) Stated: First time	The registered persons shall ensure that the temporary steriliser, on loan to the practice, is validated with a certificate of validation retained. <p>A written record should also be maintained of the relevant periodic checks required for this machine.</p>	Met
	Action taken as confirmed during the inspection: A new steriliser had been provided, review of records confirmed that this machine had been validated at installation.	

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following areas identified in the decontamination room are addressed:</p> <ul style="list-style-type: none"> • The illuminated magnifier should be relocated to maintain a dirty to clean flow and provide a dedicated clean area for inspection of dental instruments following processing in the washer disinfection. • The damaged work surface in the clean area in the decontamination room should be repaired or replaced. • Chipped paintwork and cabinetry should be made good to provide intact surfaces that can be effectively cleaned. 	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the decontamination room confirmed that the illuminated magnifier had been repositioned to ensure a dirty to clean flow is maintained.</p> <p>Mr Johnston confirmed that the damaged work surface and the chipped paintwork and cabinetry have not yet been repaired due to ongoing work in the decontamination room.</p> <p>This area of improvement has been partially met. The unmet areas have been stated for a second time.</p>	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15 Stated: First time	The registered persons shall ensure that the designated safeguarding lead completes Level 2: Awareness Raising, Recognising and Responding training, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training.	Met
	Action taken as confirmed during the inspection: It was confirmed that Mr Johnston as the safeguarding lead has completed Level 2: Awareness Raising, Recognising and Responding training, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered persons shall ensure that the emergency equipment is maintained in a condition which enables immediate use in the event of a medical emergency.	Met
	Action taken as confirmed during the inspection: Emergency equipment was seen to be maintained in a suitable condition ready for immediate use.	
Area for improvement 3 Ref: Standard 13 Stated: First time	The registered persons shall ensure that disposable plastic aprons are stored in accordance with best practice guidance and worn during the decontamination process.	Met
	Action taken as confirmed during the inspection: A wall mounted dispenser for disposable plastic aprons was provided in the decontamination room. Staff confirmed they wear appropriate PPE to include disposable aprons when undertaking decontamination duties.	

Area for improvement 4 Ref: Standard 13 Stated: First time	The registered persons shall ensure that colour coded cleaning equipment should be provided in accordance with best practice guidance. Detailed cleaning schedules should be developed with a signed record of cleaning undertaken maintained.	Met
	Action taken as confirmed during the inspection: Colour coded cleaning equipment was provided and stored in keeping with best practice guidance.	

5.0 Inspection findings

An announced inspection took place on 13 June 2018 from 10.30 to 12.15.

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 Niall Johnston, responsible individual and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Johnston 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) were available. A discussion took place in regards to the procedure for the safe administration of Adrenaline and the various doses and quantities as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Johnston has given assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available. 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. It was confirmed that annual medical emergency refresher training is provided and refresher training is arranged for 14 June 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 were 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 March 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Staff spoken with confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits are usually carried out by a dental nurse, staff confirmed that the findings of the IPS audit are discussed during staff meetings. It was suggested that all clinical staff could 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.

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. As previously stated, an area of improvement made against the standards has been stated for a second time to ensure the damaged work surface in the clean area in the decontamination room is repaired or replaced and the chipped paintwork and cabinetry made good to provide intact surfaces that can be effectively cleaned

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.

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.

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 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 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

The damaged work surface in the clean area in the decontamination room should be repaired or replaced and the chipped paintwork and cabinetry should be made good to provide intact surfaces that can be effectively cleaned

	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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room. Mr Johnston confirmed that the OPG machine has been decommissioned and arrangements are in place to have this machine removed from the premises.

It was confirmed that 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 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.

The RPS 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 Mr Johnston and staff.

Patient and staff views

No patient or staff questionnaire responses were returned to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Johnston, responsible individual, 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 Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Ref: Regulation 15 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 13 September 2018</p>	<p>The registered persons shall ensure the following areas identified in the decontamination room are addressed:</p> <ul style="list-style-type: none"> • The damaged work surface in the clean area in the decontamination room should be repaired or replaced. • Chipped paintwork and cabinetry should be made good to provide intact surfaces that can be effectively cleaned. <p>Ref: 4.1 and 5.3</p> <p>Response by registered person detailing the actions taken: A different contractor has been arranged to carry out the work required as soon as is possible after long delays from the contractor previously engaged.</p>

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



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