

Announced Care Inspection Report 5 December 2018



Newry Street Dental

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

Address: 29 Newry Street, Kilkeel, Newry, BT34 4DN

Tel no: 028 4176 5672

Inspector: Gerry 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 two registered places.

3.0 Service details

Registered organisation/registered person: Mr Kevin Morgan	Registered manager: Mr Kevin Morgan
Person in charge of the practice at the time of inspection: Mr Kevin Morgan	Date manager registered: 25 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 5 January 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 5 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 Area for improvement 1 Ref: Regulation 15 (2) b	The registered person shall ensure that the relative analgesia (RA) equipment is serviced and maintained in keeping with manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that the relative analgesia (RA) equipment had been serviced on 16 January 2018 and maintained in keeping with manufacturer's instructions.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) b</p>	<p>The registered person shall ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records confirmed that an annual mechanical and electrical check of the x-ray equipment had been completed on 2 February 2018. A copy of the certificates were provided to RQIA by email.</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 15.3</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: A review of training records and discussion with staff confirmed that all staff have completed 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>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p>	<p>The registered person shall develop a more robust system to ensure that emergency medicines and equipment do not exceed their expiry date.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of medical emergency medication confirmed that an emergency medicine checklist has been redrawn and also an electronic checklist introduced as a failsafe.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p>	<p>The registered person shall ensure that the IPS audit tool is completed six monthly in keeping with HTM 01-05. An action plan should be developed to address any shortfalls identified during the audit process.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A review of records confirmed that the Infection Prevention Society (IPS) audit tool is completed digitally. An action plan is automatically produced from the audit tool. Previous audits have been forwarded to RQIA.</p>	
<p>Area for improvement 4 Ref: Standard 13</p>	<p>The registered person shall ensure that the colour coded cleaning system is reviewed and implemented in keeping with the National Patient Safety Agency (NPSA) recommendations.</p> <p>All staff should be aware of the colour coded system and its implementation. Patient Safety Agency (NPSA) recommendations introduced and staff fully aware of colour coded system. Annual review to take place.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A tour of the environment confirmed that the colour coded cleaning system has been reviewed and implemented in keeping with the National Patient Safety Agency (NPSA) recommendations.</p> <p>All staff are fully aware of the colour coded system which is reviewed annually.</p>	
<p>Area for improvement 5 Ref: Standard 12.5</p>	<p>The registered person shall ensure that all staff attend fire awareness training on an annual basis.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of training records confirmed that all staff attend fire awareness training on an annual basis.</p>	

5.0 Inspection findings

An announced inspection took place on 5 December 2018 from 11.45 to 13.45.

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 Morgan, registered person the practice manager and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Morgan 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. 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 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 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 November 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by Mr Morgan who confirmed that if the audit identified areas for improvement an action plan would be developed and any learning identified as a result of these audits would be discussed immediately with staff and also at the 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.

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 previously discussed a review of the most recent IPS audit, completed during November 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 disinfectant and a steam steriliser 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 two surgeries, each of which has an intra-oral x-ray machine.

Mr Morgan 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. Mr Morgan 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 in February 2017 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.

Mr Morgan 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 Morgan who confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All four patients indicated that the care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care. The following comments were provided:

- “I receive the highest standard of care from the dentist, dental nurses and receptionist. I get over and above what is needed”.
- “I am treated as an individual. I feel cared for”.
- “My dentist couldn’t be better. So much time and effort is given to making it right”.

Staff were invited to complete an on-line questionnaire. No staff questionnaire responses were received by RQIA.

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



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