

Announced Care and Variation to Registration Inspection Report 29 May 2018



Toome Dental and Facial Aesthetic Clinic

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

Address: 55 Main Street, Toomebridge, BT41 3TF

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Inspector: Stephen O'Connor

www.rgia.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 providing general dental care and treatment. An application to vary the registration of the practice to increase the number of dental chairs from two to three and to change the name of the practice has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Person: Mrs Bronagh McGuckin	Registered Manager: Mrs Bronagh McGuckin
Person in charge at the time of inspection: Mrs Bronagh McGuckin	Date manager registered: 16 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two. Registration of the third dental chair is awaiting approval by the estates inspector.

4.0 Action/enforcement taken following the most recent care inspection dated 17 October 2017

No further actions were required to be taken following the most recent inspection on 17 October 2017.

4.1 Review of areas for improvement from the last care inspection dated 17 October 2017

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 29 May 2018 from 09:50 to 11:45.

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).

This practice was initially registered under the name of The Dental Centre for the provision of two dental surgeries on 16 April 2012. A variation to registration application was submitted to RQIA to increase the number of dental chairs from two to three and to change the name of the practice to Toome Dental and Facial Aesthetic Clinic.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application, to increase the number of dental chairs from two to three.

Mr Phil Cunningham, RQIA senior estates inspector, contacted Mrs McGuckin prior to the inspection and requested specific documents in relation to the premises to be submitted for review. A number of requested documents have yet to be submitted. Therefore the variation to registration application to increase the number of dental chairs from two to three cannot be approved from an estates perspective at this time. Mr Cunningham will review the outstanding documents once submitted to RQIA and inform Mrs McGuckin when he is in a position to approve the variation from an estates perspective.

The variation to the registration application to increase the number of registered dental surgeries from two to three and to change the name of the practice has been approved from a care perspective. Mrs McGuckin is aware that the newly established third dental surgery cannot be used for the provision of private dental care and treatment until such times as it has been approved from an estates perspective.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Bronagh McGuckin, registered person and two dental nurses. A tour of some areas of the premises was also undertaken.

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

It was confirmed that an automated external defibrillator (AED) is not available in the practice. However, the practice has timely access to a community AED and a procedure on how to access this AED was in place. 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 October 2017.

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 third dental surgery is located in a new extension to the rear of the building. The new extension also includes a staff kitchen, disabled accessible toilet, and a store room that could be potentially converted into an orthopan tomogram machine (OPG) room in the future. The extension has also resulted in a larger reception area.

The third surgery has been finished to a high standard. Mr McGuckin confirmed that a dental supplier has been scheduled to install a wall mounted disposable hand towel dispenser and personal protective equipment (PPE) station in the coming weeks.

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 May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are usually carried out by Mrs McGuckin who confirmed that the findings of audits are actively discussed at practice meeting. The most recent audit was completed by the lead dental nurse. It was suggested that the person completing the audit should continue to be rotated and that actively discussing audit findings at practice meetings helps 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.

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 discussed a review of the most recent IPS audit, completed during October 2017 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. It was confirmed that the dental handpieces available are not compatible with the washer disinfectant and they are being manually cleaned prior to sterilisation. Records to confirm this were available. Mrs McGuckin confirmed that new dental handpieces will be ordered to service the newly established third dental surgery and that she will review the manufacturer’s instructions and ensure they are processed in keeping with the instructions.

Appropriate equipment, including a benchtop washer disinfectant and three 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.

Mrs McGuckin confirmed that a new under the counter washer disinfectant has been purchased and is awaiting installation. A new non-vacuum steriliser has also been purchased. Mrs McGuckin advised that the provision of this new decontamination equipment will be sufficient to service the third dental surgery once it is operational.

Mrs McGuckin also confirmed that new dental instruments will be purchased to service the new surgery.

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, each of which has an intra-oral x-ray machine. It was confirmed that a new intra-oral x-ray machine has been installed in the new surgery. Review of records confirmed that a radiation protection supervisor (RPA) completed a critical examination of the new intra-oral x-ray machine and the critical examination and acceptance test report dated 24 May 2018 was reviewed.

Mrs McGuckin was aware of the most recent changes to the legislation surrounding radiology and a RPA and medical physics expert (MPE) have been appointed.

Mrs McGuckin confirmed that the RPA was consulted in relation to the new intra-oral machine prior to installation.

A dedicated radiation protection file containing all relevant information was in place. The radiation protection supervisor (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 reports of the most recent visits 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 Mrs McGuckin.

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

	Regulations	Standards
Total number of areas for improvement	0	0

5.6 Conclusion

The variation to the registration application to increase the number of registered dental surgeries from two to three and to change the name of the practice to Toome Dental and Facial Aesthetic Clinic has been approved from a care perspective.

However, the variation to registration application also needs to be approved from an estates perspective. Mr Cunningham, senior estates inspector, is awaiting the submission of documents in order to be in a position to approve the variation application. Mr Cunningham will review the outstanding documents once submitted to RQIA and inform Mrs McGuckin when he is in a position to approve the variation from an estates perspective.

Mrs McGuckin is aware that the newly established third dental surgery cannot be used for the provision of private dental care and treatment until such times as it has been approved from an estates perspective.

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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