

Announced Care Inspection Report 1 August 2018



Bohill Curran Dental Care

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

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Inspector: Emily Campbell

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 three registered places providing private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Providers: Mr John Bohill Mr James Curran	Registered Manager: Mr John Bohill
Person in charge at the time of inspection: Mr James Curran	Date manager registered: 18 September 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 26 September 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 26 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 19 (2) Schedule 2 as amended Stated: Second time	The registered persons must ensure enhanced AccessNI disclosure checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.	Met
	Action taken as confirmed during the inspection: Mr Curran confirmed that no new staff have been recruited since the previous inspection. Mr Curran provided assurance that in the event of new staff being recruited, they would not commence employment until such time as	

	an enhanced AccessNI check had been undertaken and received.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time	<p>The registered persons shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Action taken as confirmed during the inspection: As discussed, no new staff have been recruited. However, a recruitment checklist has been developed to ensure that all information as outlined in the legislation will be sought and retained when new staff are being recruited.</p>	Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11.1 Stated: First time	<p>The registered persons shall ensure that a record is retained of the date the AccessNI enhanced disclosure check was applied for and received, the unique identification number and the outcome in keeping with AccessNI's code of practice.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that a log containing the above information has been developed.</p>	Met
Area for improvement 2 Ref: Standard 15.3 Stated: First time	<p>The registered persons shall ensure that the safeguarding policy for adults and children is reviewed and further developed to fully reflect the regional policies and best practice guidance.</p> <p>Action taken as confirmed during the inspection: The practice now has two separate policies for safeguarding adults and children, which were reflective of regional policies and best practice guidance. A minor amendment was made to the safeguarding children's policy during the inspection.</p>	Met

Area for improvement 3 Ref: Standard 8 Stated: First time	The registered persons shall ensure that all recommendations made by the RPA have been addressed.	Met
	Action taken as confirmed during the inspection: Recommendations made in the radiation protection advisor's (RPA) report have been recorded as being addressed.	
Area for improvement 4 Ref: Standard 11.1 Stated: First time	The registered persons shall ensure that a staff register is further developed and maintained to include the names and details of all staff who have been employed and who are currently employed within Bohill Curran Dental Care.	Met
	The register must include the name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. This should also include associate dentists or other self-employed persons working in the practice.	
	Action taken as confirmed during the inspection: A staff register had been developed containing the above information. It was suggested that the format of the register is changed to enable easier overview of information.	

5.0 Inspection findings

An announced inspection took place on 1 August 2018 from 9:45 to 11:55.

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 James Curran, registered person; a dental nurse/receptionist; and briefly to Mr John Bohill, registered person. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of automated external defibrillator (AED) pads suitable for use with a child. Mr Curran advised that he feels the AED pads provided can be used for an adult or child; however, he agreed to check this with the manufacturer.

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 August 2017 and it was confirmed that refresher training was booked for 20 September 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, 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 during June 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 Mr Curran and staff confirmed that the findings of the IPS audit are discussed at 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.

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 disinfectant, a DAC Universal and a steam steriliser, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Mr Curran confirmed that pressure vessels had been inspected, in keeping with the written scheme of examination, on the week prior to the inspection and he was awaiting the reports.

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.

Mr Curran is the radiation protection supervisor (RPS) and was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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 audits. X-ray justification and clinical evaluation recording audits were not available. However, these were submitted by email on the day following the inspection and Mr Curran provided assurances that justification and clinical evaluation recording audits would be carried out annually.

Areas of good practice

A review of radiology and radiation safety arrangements and receipt of submitted information 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 Curran and staff.

5.6 Patient and staff views

Twenty 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. Nineteen patients indicated that they were very satisfied with each of these areas of their care and one patient indicated they were satisfied. The following comment was submitted in a questionnaire response:

- “All is satisfactory.”

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	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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