Announced Care Inspection Report
3 July 2018

Blue Sky Dentistry

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 28 Wellington Park, Belfast BT9 6DL
Tel No: 028 9068 7722
Inspector: Norma Munn

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.

3.0 Service details

Registered Providers: Mr Rory McEnhill and Mr Dermot Farquharson	**Registered Manager:** Ms Carol Retreage
Person in charge at the time of inspection: Ms Carol Retreage	**Date manager registered:** 15 April 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Action/enforcement taken following the most recent inspection dated 8 November 2017

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 8 November 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 3 July 2018 from 13.50 to 16.10.

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 Ms Carol Retreage, registered manager; the practice manager; one dental nurse; and one receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Retreage and the practice manager at the conclusion of the inspection, and also to Mr Dermot Farquharson, registered person via the telephone following 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, in the main, emergency medicines were provided in keeping with the British National Formulary (BNF). However, it was identified that Buccolam and Adrenaline medication were not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and Adrenaline and the various doses and quantities as recommended by the HSCB and the BNF. Ms Retreage gave assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF. During the inspection evidence was provided to confirm that additional quantities of Buccolam and Adrenaline had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was noted that the automated external defibrillator (AED) did not have paediatric pads. This was discussed with Ms Retreage and during the inspection evidence was provided to confirm that paediatric pads had been ordered

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 staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Areas for improvement were identified that have been addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

No further 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 some areas 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 both areas of good practice and areas that require to be improved. Discussion with Ms Retreage and staff confirmed that any learning identified as a result of these audits is shared with staff.

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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this.

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

Review the use of sharps; safer sharps should be 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.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 June 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 with the exception of four of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. On enquiry, staff were unsure whether the dental handpieces were compatible with the washer disinfector. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DOH. An area for improvement against the standards has been made in this regard.

Appropriate equipment, including a washer disinfector and two steam sterilisers, has been provided to meet the practice requirements. The practice manager confirmed that the equipment used in the decontamination process had been appropriately validated; however; documentation to evidence this was not available for inspection. Following the inspection RQIA received evidence by email that the decontamination equipment had been appropriately validated. However, there was no evidence that pressure vessels had been inspected in keeping with the written scheme of examination. An area for improvement against the regulations has been made in this regard.

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 in general 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

All compatible dental handpieces should be decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.

Pressure vessels should be inspected under a written scheme of examination and records retained.

	Regulations	Standards
Areas for improvement	**1**	**1**

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. In addition there is a cone beam computed tomography (CBCT) which is located in a separate room.

A radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed. The appointed RPA completes a quality assurance check every three years. The report of the most recent visit by the RPA in respect of the CBCT did not evidence that the recommendations made had been addressed. The radiation protection files reviewed were disorganised and did not contain all relevant information in respect of radiology and radiation safety. Mr Farquharson is the radiation protection supervisor (RPS) in the practice. He was not available during the inspection to discuss his role; however, following the inspection a discussion took place via the telephone. Mr Farquharson confirmed that all recommendations made by the RPA had been addressed; however, he was advised that there was no evidence of this in the files reviewed. Mr Farquharson was advised to review the information contained within the files to ensure that all the relevant information is included and up to date. An area for improvement against the standards has been made to address the issues identified.

Mr Farquharson confirmed that he was aware of the most recent changes to the legislation surrounding radiology and radiation safety. He confirmed that a range of audits, including x-ray quality grading and justification, and clinical evaluation recording, are undertaken.

Staff spoken with demonstrated knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Areas of good practice

Staff spoken with demonstrated knowledge of radiology and radiation safety.

Areas for improvement

The RPA should review the radiation protection files to ensure that all the relevant information is included and up to date. Any recommendations made by the RPA should be addressed and confirmation of this recorded in the radiation protection files.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 Ms Retreage.

5.6 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All patients 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.

One comment included in the submitted questionnaire responses is as follows:

- "Very happy with my care."

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**3**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Retreage, registered manager, and the practice manager 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	
Area for improvement 1 **Ref**: Regulation 15 (2) **Stated:** First time **To be completed by:** 3 August 2018	The registered provider shall ensure that pressure vessels are inspected under a written scheme of examination and records retained. A copy should be forwarded to RQIA on completion. Ref: 5.3
	Response by registered person detailing the actions taken: Pressure vessels being tested on 17/8/18. I will send a copy to RQIA
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 3 August 2018	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. Ref: 5.2
	Response by registered person detailing the actions taken: Risk assessment done and was emailed to Norma Munn

Area for improvement 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 3 July 2018	The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector. Ref: 5.3
	Response by registered person detailing the actions taken: Hand pieces are going thru the washer disinfector as I clarified with norma at time of our inspection
Area for improvement 3 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 3 August 2018	The RPA should review the radiation protection files to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date. Any recommendations made by the radiation protection advisor (RPA) should be addressed and confirmation recorded in the radiation protection files. Ref: 5.4
	Response by registered person detailing the actions taken: This has been reviewed

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

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