

Announced Care Inspection Report 26 April 2019



Embrace Orthodontics

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

Address: 1 - 3 Bachelors Walk, Lisburn, BT28 1XJ

Tel No: 028 9267 9060

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 2019/20 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

Organisation/Registered Provider: Miss Grainne McAvinchey & Ms Sinead McAvinchey Responsible Individual(s): Miss Grainne McAvinchey	Registered Manager: Miss Grainne McAvinchey
Person in charge at the time of inspection: Miss Grainne McAvinchey	Date manager registered: 21/07/2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 16 July 2018

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 16 July 2018

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 26 April 2019 from 10:30 to 12:20.

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 Miss Grainne McAvinchey, registered person and a dental nurse. 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, in general, that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. The following items were noted to have exceeded their dates of expiry:

- oropharyngeal airways
- automated external defibrillator (AED) pads for an adult and a child
- Glucagon medication – a revised expiry date had been identified, in keeping with the manufacturer's instructions, to reflect it was not stored in the fridge, however, this had been scored out and the later expiry date re-entered. Miss McAvinchey agreed to address this with staff to prevent a recurrence

Documentary evidence was received by email on 7 May 2019 evidencing that these items had been replaced.

The procedure for the safe administration of Buccolam was discussed with Miss McAvinchey. Documentary evidence was also received by email on 7 May 2019 that additional doses of Buccolam pre-filled syringes had been ordered to ensure that the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF were provided.

A monthly checklist of emergency medicines and equipment was available; however, some equipment was not included in the checklist. Revised checklists were emailed to RQIA on 7 May 2019 which included details of all medications and equipment. This will ensure a robust system to check that emergency medicines and equipment do not exceed their expiry dates.

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 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

Review of the arrangements in respect of the management of a medical emergency and information received following the inspection 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 April 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

The audits are carried out by Miss McAvinchey and/or the practice manager. Miss McAvinchey confirmed that any learning identified as a result of these audits is shared with staff 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.

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, has been provided to meet the practice requirements. The validation certificate for the washer disinfectant was not available and review of the certificate in respect of the steriliser indicated that the steriliser had been serviced as opposed to being validated on 29 March 2019. This was discussed with Miss McAvinchey who agreed to discuss this with the service engineers. Miss McAvinchey confirmed by email on 7 May 2019 that the washer disinfectant and steriliser will both be validated on 24 May 2019. An area for improvement against the standards was made that copies of the validation certificates should be submitted to RQIA.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, the daily automatic control test (ACT) in respect of the steriliser consisted of ticks to confirm that the pressure reading was between 2.25 and 3 and the temperature cycle was between 134 and 137 degrees Celsius; there was no record of the sterilising hold time, which should be at least 3 minutes. An amended weekly periodic test record for the steriliser was submitted to RQIA by email on 7 May 2019 which facilitates recording of the full details of the ACT on a daily basis. Calendar reminders are in place to ensure that all other periodic tests are carried out in a timely manner. The washer disinfectant had been out of operation for approximately one week during January 2019; however, this was not detailed in the washer disinfectant fault log. Miss McAvinchey agreed to address this.

The steriliser and compressor had been inspected in keeping with the written scheme of examination of pressure vessels.

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

Review of the current arrangements and information provided following the inspection 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

Copies of the validation certificates in respect of the washer disinfector and the steriliser should be submitted to RQIA.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG) with lateral cephalogram, which are located in a separate room.

Miss McAvinchey, 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. 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 report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed. Radiology equipment is scheduled to be serviced on 24 May 2019.

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 Miss McAvinchey.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated they were satisfied or very satisfied that their care was safe and effective, they were treated with compassion and that the service was well led, with the exception of one patient who indicated a neutral response that they were treated with compassion. The following comments were provided in questionnaire responses:

- “Friendly staff.”
- “Excellent help and support when I have to bring my little boy with me – they are tolerant and friendly and nothing is a hassle – makes the experience with a child a lot easier!!”
- “Great team. Very caring about how my wee girl was feeling. Thank you.”
- “All good and very efficient.”

One additional comment made by a patient was discussed with Miss McAvinchey, who provided assurances in respect of this.

Miss McAvinchey advised that all staff had submitted electronic questionnaire responses to RQIA; however, only two responses were received. Both staff responses indicated that they were very satisfied that patient care was safe and effective, that patients were treated with compassion and that the service was well led. No comments were included in questionnaire responses.

5.7 Total number of areas for improvement

	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 quality improvement plan (QIP). Details of the QIP were discussed with Miss Grainne McAvinchey, registered person, 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall submit copies of the validation certificates in respect of the washer disinfectant and the steriliser to RQIA. Ref: 6.4
To be completed by: 7 June 2019	Response by registered person detailing the actions taken: Please find attached a copy of certificates of validation for our washer disinfectant, autoclave and x ray machines. Thanks

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



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