

# Announced Care Inspection Report 18 June 2018



**A G Farquharson Dental Practice**  
**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 543 Antrim Road, Belfast, BT15 3BU**  
**Tel No: 028 9037 0144**  
**Inspector: Stephen O'Connor**

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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

<b>Registered organisation/registered person:</b> Mr Adrian Farquharson	<b>Registered manager:</b> Mr Adrian Farquharson
<b>Person in charge of the practice at the time of inspection:</b> Mr Adrian Farquharson	<b>Date manager registered:</b> 11 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 24 April 2017

The most recent inspection of A G Farquharson Dental Practice 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 24 April 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
<p><b>Area for improvement 1</b></p> <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>The safeguarding policies should be further developed to ensure they fully reflect the following regional policies and procedures:</p> <ul style="list-style-type: none"> <li>• Adult Safeguarding Prevention and Protection in Partnership (July 2015)</li> <li>• Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)</li> </ul> <p>The updates policies should be shared with staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that the safeguarding children and adults policies were reviewed following the previous inspection. The updated policies are in keeping with the regional guidance documents. Mr Farquharson confirmed the updated policies have been shared with staff.</p>	

#### 5.0 Inspection findings

An announced inspection took place on 18 June 2018 from 09:50 to 11:30.

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 Adrian Farquharson, registered person, a dental nurse, a trainee dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Farquharson 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 in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and BNF. Mr Farquharson advised that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. 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 April 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 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. An action plan had been generated to address the areas that required improvement identified by the audit.

The audits are usually carried out by Mr Farquharson. Mr Farquharson confirmed that the findings of the IPS audit are discussed with staff 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.

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 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.

Appropriate equipment, including a washer disinfectant and two steam sterilisers, 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.

On the day of inspection it was confirmed that the washer disinfectant had developed a fault and had not been operational since the 29 May 2018. Discussion with staff and review of documentation evidenced that the fault with the washer disinfectant had been appropriately managed. The fault was reported to a service engineer, who visited the practice to undertake repairs to the machine. The service engineer has ordered a new part for the machine and this will be installed at the earliest opportunity. In the interim period reusable dental instruments are being manually cleaned prior to sterilisation. Discussion with staff evidenced that the manual cleaning procedure as outlined in HTM 01-05 is being adhered to.

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 Farquharson 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.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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 Farquharson.

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

**5.6 Patient and staff views**

Fifteen patients submitted questionnaire responses to RQIA. All 15 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.



Comments included in in submitted questionnaire responses are as follows:

- “Staff are very professional at all times.”
- “I am really pleased with the service that I have had throughout my years with this practice.”
- “Dentist always explains what and why he is doing with my treatment. He is first class at giving injections. Receptionist and dental nurses always pleasant and helpful.”
- “A G Farquharson Dental Practice provides an excellent service always available helpful and ready to answer queries/problems relating to treatment for myself and my two children.”
- “Excellent dentist.”
- “Myself and my three children come to this practice and have all been extremely happy with our treatment at all times.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three staff opened the electronic questionnaire. Two staff completed the electronic questionnaire; one staff member did not submit any responses. One staff member indicated that they felt patient care was safe and effective, that patients were treated with compassion and that the service was well led. This staff member indicated that they were very satisfied with each of these areas of patient care. One staff member indicated that they were very unsatisfied in each of the areas of patient care. The inspector had the opportunity to meet staff on the day of inspection; two of these staff members confirmed they completed questionnaires and that that they were very satisfied with each of the areas of patient care. It would appear that the staff member who submitted a very unsatisfied response in all areas of patient care did so in error.

No comments were included in submitted staff questionnaire responses.

**5.7 Total number of areas for improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**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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