

Announced Care Inspection Report 24 May 2018



Alexander Dental

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

Address: 40 Northland Row, Dungannon, BT71 6AP

Tel No: 028 8772 2605

Inspector: Gerry Colgan

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 six registered places.

3.0 Service details

Organisation/Registered Persons: Alexander Dental Mr Eamonn O'Brien Mr David Gordon Mr Patrick McGeary	Registered Manager: Mr Eamonn O'Brien
Person in charge at the time of inspection: Mrs Susanne Dawson. Practice Manager	Date manager registered: 08 June 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Six

4.0 Action/enforcement taken following the most recent inspection dated 25 May 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 25 May 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
Requirement 1 Ref: Regulation 25. 4(c) Stated: First time	The registered provider must ensure that all staff undertake fire safety training and a record is retained of this training.	Met
	Action taken as confirmed during the inspection: A review of training records confirmed that all staff have undertaken fire safety training and fire drills are carried out on a six monthly basis.	

<p>Requirement 2</p> <p>Ref: Regulation 25.2(a)</p> <p>Stated: First time</p>	<p>The registered provider must ensure the 10 issues highlighted in the electrical installation condition report dated July 2016 are addressed and provide a written electrician's report to RQIA confirming remedial action has been taken for each of the 10 issues.</p> <p>Action taken as confirmed during the inspection: A review of maintenance records confirmed that the electrical installation work was completed in July 2017 and the written electricians report had been forwarded to RQIA.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the recruitment policy is amended to ensure it is reflective of legislation and best practice guidance</p> <p>Action taken as confirmed during the inspection: A review of the recruitment policy confirmed that it was amended and is now reflective of legislation and best practice guidance</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The adult safeguarding policy and procedures should be updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake refresher training on adult safeguarding.</p> <p>Action taken as confirmed during the inspection: The adult safeguarding policies and procedures have been updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff have all undertaken refresher training on adult safeguarding.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 8.5 Stated: First time	Further develop the records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.	Met
	Action taken as confirmed during the inspection: A review of policies confirmed that the records management policy has been further developed to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection policy was updated in May 2018 in line with GDPR.	
Recommendation 4 Ref: Standard 8.5 Stated: First time	Develop a complaint's register and ensure all documentation relating to the management of a complaint is retained and available for inspection.	Met
	Action taken as confirmed during the inspection: A complaints register has been developed and was available at inspection.	

5.0 Inspection findings

An announced inspection took place on 24 May 2018 from 10:00 to 12:00.

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 the practice manager and two dental nurses. A tour 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. 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 April 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.

The audits are carried out by the practice manager who 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.

A review of the most recent IPS audit, completed during April 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.

Appropriate equipment, including two washer disinfectors, two steam sterilisers and a DAC Universal 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.

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 six surgeries, each of which has an intra-oral x-ray machine.

The 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.

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 the practice manager.

Discussion with the practice manager confirmed that the practice did not collect any equality data on patients and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

5.6 Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. They all 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. No comments were included in the questionnaire responses.

No staff questionnaire responses were returned to RQIA.

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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