

Announced Care Inspection Report 10 July 2018



Altmore Dental Practice

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

Address: 61 Thomas Street, Dungannon, BT70 1HW

Tel No: 028 87722615

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

3.0 Service details

Organisation/Registered Provider: Mr Aaron Major Mrs Sarah Walls	Registered Manager: Mrs Sarah Walls
Person in charge at the time of inspection: Mr Aaron Major	Date manager registered: 24 September 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

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 19 (2) Schedule 2, as amended Stated: First time	The registered persons must ensure that Access NI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.	Met
	Action taken as confirmed during the inspection: Six staff have commenced employment since the previous inspection. Review of documentation evidenced that Access NI enhanced disclosure checks had been undertaken and received prior to them commencing employment.	

Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered persons must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff, contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: The personnel files of two of the six staff recruited since the previous inspection were reviewed. All information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been obtained. It was noted that a robust system had been implemented to check that all required information was obtained in relation to recruitment.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	The registered persons must ensure that Access NI enhanced disclosure checks are handled in keeping with the Access NI Code of Practice.	Met
	Action taken as confirmed during the inspection: Review of Access NI information in respect of the six staff recruited evidenced that it was handled in keeping with the Access NI Code of Practice.	

5.0 Inspection findings

An announced inspection took place on 10 July 2018 from 9:45 to 11:40.

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 Aaron Major and Mrs Sarah Walls, registered persons, a 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 Major and Mrs Walls 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 for use with a child. Mrs Walls confirmed by email on 17 July 2018 that these had been ordered. 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.

Inhalation sedation is available as required for patients in accordance with their assessed need. Arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration unit and that an air scavenging system has been installed. It was confirmed that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 had been completed.

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 July 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. 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.

The following issues were identified:

- ventilation grills in the decontamination room were dusty
- a section of worktop in one surgery was chipped
- staff were unclear regarding the arrangements in the event of a blood/bodily fluid spillage

Confirmation was provided by Mrs Walls by email on 17 July 2018 that the ventilation grills had been added to the cleaning schedule and arrangements had been made to repair the chipped worktop. Mrs Walls also confirmed that the protocol for blood/bodily fluid spillages had been discussed with staff and that an easy access blood/bodily fluid spillage kit had been ordered.

The ceilings in two surgeries are wallpapered and the flooring in two surgeries is tiled. Mr Major and Mrs Walls are aware this is not in keeping with best practice and confirmed these areas would be addressed during the refurbishment of the surgeries.

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, in general, 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

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

No additional 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 disinfector, a DAC Universal and three steam sterilisers, has 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. Equipment logbooks evidenced that, in the main, periodic tests are undertaken and recorded in keeping with HTM 01-05. However, although a steam penetration test is carried out daily for the DAC Universal, it is only carried out weekly for the vacuum steriliser. Assurances were given this would be completed on a daily basis.

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

Mrs Walls 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 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 Mr Major, Mrs Walls and staff. It was confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Eighteen 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. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “The most gentle dentist. Never hurts. Proper good dental treatment”.
- “Excellent service”.
- “Always friendly, helpful and professional”.

RQIA invited staff to complete an electronic questionnaire prior to the inspection; four responses were received. All indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Three staff indicated that they were very satisfied with each of these areas of patient care and one staff indicated they were satisfied.

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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