

Announced Care Inspection Report 3 September 2018



Ballybot Dental Surgery Limited

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

Address: 25 Patrick Street, Newry, BT35 8EB

Tel No: 028 3026 3326

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Dr Morna Baxter Responsible Individual: Dr Morna Baxter	Registered Manager: Dr Morna Baxter
Person in charge at the time of inspection: Dr Morna Baxter	Date manager registered: 30 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Action/enforcement taken following the most recent inspection dated 1 August 2017

The most recent inspection of Ballybot Dental Surgery Limited 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 1 August 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
Area for improvement 1 Ref: Regulation 15 (1) (b) Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> all clinical staff are entitled and authorised by the radiation protection supervisor (RPS) for their relevant duties, clinical staff sign to confirm they have read and understood the local rules x-ray quality grading audits are undertaken six monthly 	Met

	<p>Action taken as confirmed during the inspection: A review of the radiation file confirmed that the issues identified have been addressed.</p>	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure that staff appraisal is provided on an annual basis and records retained.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of two staff personnel files confirmed that staff appraisals have been carried out on a twice yearly basis and records have been retained.</p>	
<p>Area for improvement 2 Ref: Standard 11.4 Stated: First time</p>	<p>The registered person shall ensure that establish a system to ensure that all staff receive appropriate training to fulfil the duties of their role.</p> <p>Training records should also be retained of any training provided.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of training records confirmed that a system had been established to ensure that all staff receive appropriate training to fulfil the duties of their role.</p>	
<p>Area for improvement 3 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure that establish a system to review the General Dental Council (GDC) registration status of all clinical staff.</p>	Met
	<p>Action taken as confirmed during the inspection: Dr Baxter confirmed that a system has been established to review the GDC registration status of all clinical staff.</p>	

5.0 Inspection findings

An announced inspection took place on 3 September 2018 from 09.45 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 Dr Baxter, registered person, and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Dr Baxter 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 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 March 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 a dental nurse. Discussion with Dr Baxter confirmed that any learning identified as a result of these audits is shared with all staff immediately and also discussed at 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 March 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 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.

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 three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Dr Baxter 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 Dr Baxter who confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 of the patients indicated that they were very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- “A very high level of professionalism. Everything is very well explained and excellent at creating treatment plans. I am very happy with all aspects of my care.”
- “As someone who hates going to the dentist all of the staff help me feel comfortable and safe and it is greatly appreciated.”
- “A nice surgery with very friendly staff. I will definitely be recommending to family and friends.”
- “Fantastic dentists and nurses. Been to various dentists but this one is great. Even got me to wear a plate which I thought I would never do.”
- “This dentist is a true professional. My phobia was addressed and I can now come for treatment anxiety free. It is so reassuring to have both my physical and emotional needs met during my visit.”

Staff were invited to complete an on-line questionnaire. No staff responses were received by 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.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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