

Announced Care Inspection Report

08 June 2018



Bovally Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Bovally House, Anderson Avenue, Limavady BT49 0TF
Tel No: 028 7776 6980
Inspector: Carmel McKeegan

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 five registered places.

3.0 Service details

Organisation/Registered Person: Mr Leslie McKee	Registered Manager: Mr Leslie McKee
Person in charge at the time of inspection: Mr Leslie McKee	Date manager registered: 12 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Five

4.0 Action/enforcement taken following the most recent inspection dated 05 July 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 05 July 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 25 (1) Stated: Second time	The registered person must ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room.	Met
	Action taken as confirmed during the inspection: Mr McKee confirmed that a new ventilation system is planned to be installed in the decontamination room in July 2018, a copy of works documents relevant to the installation were provided for review.	

<p>Area for improvement</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified staff member and the outcome confirmed to RQIA on return of the QIP.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of the recruitment records for one new staff member confirmed that an AccessNI enhanced disclosure check had been completed prior to commencement of employment.</p> <p>Following the previous inspection RQIA received confirmation that an AccessNI enhanced disclosure check had been completed for the identified staff member.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p>	<p>The registered person must provide RQIA with a definitive timescale for the provision of a washer disinfectant in the practice to ensure that all reusable dental instruments are cleaned and sterilised using an automated process in accordance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practice. The timescale should be stated in the returned QIP.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A new washer disinfectant had been provided in the decontamination room.</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 14.2</p> <p>Stated: First time</p>	<p>The registered person should consult with a representative from the Sustainable Development Engineering Branch (SDEB) as the DHSSPSNI, in regards to the ventilation system in the decontamination room. Any recommendations made by the SDEB representative should be outlined in the returned QIP and include the action plan to address the recommendations.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Following the previous inspection RQIA had received confirmation that Mr McKee had consulted with a representative from the SDEB in regards to the ventilation system in the decontamination room. Mr McKee stated he valued the advice provided to him which he had applied when progressing this programme of work.</p>	
<p>Area for improvement 2 Ref: Standard 13.4 Stated: First time</p>	<p>The registered person shall ensure that the fault and repair history is maintained in respect of each machine involved in the decontamination process. This record should be retained within the individual logbook for each respective machine.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with staff and review of records confirmed that a fault and repair history is maintained in respect of each machine.</p>	
<p>Area for improvement 3 Ref: Standard 14.4 Stated: First time</p>	<p>The registered person shall ensure that a copy of the written scheme of examination inspection report in respect of the pressure vessels scheduled for 28 August 2017 is provided to RQIA with the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: This report had been provided to RQIA.</p>	

5.0 Inspection findings

An announced inspection took place on 8 June 2018 from 10.30 to 12.45.

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 McKee, registered person, the practice manager, a dental nurse and two receptionists. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr McKee 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 were retained in keeping with the British National Formulary (BNF). A discussion took place in regards to the procedure for the safe administration of Buccolam and Adrenaline medications and the various doses and quantities needed for each medication as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr McKee has given assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with a reservoir suitable for use with a child. On 26 June 2018, RQIA received an email from the practice manager which confirmed that this item was in place. An automated external defibrillator (AED) was not provided in the practice, however, Mr McKee and staff confirmed that an AED is available at the medical centre situated within very close proximity to the practice. The practice had ensured that they have timely access to the AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines.

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. Emergency refresher training was carried out on 27 November 2017.

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 environment is maintained to a high standard.

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.

The most recent IPS audit undertaken during May 2018 had been completed in a meaningful manner with areas of good practice identified. All staff contribute to the completion of the IPS audit and staff confirmed that any learning identified is shared at team 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.

As discussed, a review of the most recent IPS audit, completed during May 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Observation of a random sample of handpieces identified that some handpieces were compatible with processing in a washer disinfectant. Processing of handpieces was discussed with Mr McKee who was advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DOH. An area of improvement against the standards has been made to ensure that handpieces compatible with processing in a washer disinfectant are processed in this manner.

Appropriate equipment, including a washer disinfectant and a steam steriliser 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

Dental handpieces should be decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has five surgeries, each of which has an intra-oral x-ray machine.

Mr McKee 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 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 on 4 May 2018 demonstrated that any recommendations made have been addressed. The new radiation protection file and report had not been signed by the relevant clinicians; Mr McKee confirmed that the file would be signed later that day.

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 and staff.

5.6 Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. All 13 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 the submitted questionnaire responses are as follows:

- “I feel that my family and I have always been well looked after at Bovally Dental Practice, staff are excellent and willing to help.”
- “Receptionists are all friendly and helpful.”
- “Very well looked after.”
- “Fantastic care, always great practice and always so friendly and helpful.”

No staff submitted questionnaire responses to RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr McKee, 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 area 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2018</p>	<p>The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: EVERYONE HAS BEEN MADE AWARE AND IS NOW CARRIED OUT.</p>

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



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