

Announced Care Inspection Report 28 June 2018



Fifteen Dental

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

Address: 15 Irish Street, Downpatrick BT30 6BW

Tel No: 028 44612249

Inspector: Elizabeth 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 four registered places.

3.0 Service details

Organisation/Registered Provider: Iamart Limited Responsible Individual: Mr Ian Crutchley	Registered Manager: Mrs Natalie Moore
Person in charge at the time of inspection: Mrs Natalie Moore	Date manager registered: 13 November 2017
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 follow-up 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 15 Stated: Second time	On completion a copy of the decontamination validation certificates should be submitted to RQIA with the returned Quality Improvement Plan (QIP).	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that decontamination validation certificates were available for May 2017 and were submitted to RQIA with the returned QIP	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	Buccolam pre-filled syringes should be provided in sufficient quantity and dosage as recommended by the HSCB.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed that Buccolam pre-filled syringes were provided in sufficient quantity and dosage as recommended by the HSCB.	
Recommendation 2 Ref: Standard 13 Stated: Second time	The IPS audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control.	Met
	An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.	
	Action taken as confirmed during the inspection: Confirmation was received by electronic mail on 19 July 2018 that the IPS audit was completed in June 2018 An action plan has been developed and embedded into practice to address any shortfalls identified during the audit process.	
Recommendation 3 Ref: Standard 8.3 Stated: First time	A copy of the servicing of all x-ray equipment should be submitted to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a copy of the servicing of all x-ray equipment was submitted to RQIA with the returned QIP.	

5.0 Inspection findings

An announced inspection took place on 28 June 2018 from 09.30 to 11.00.

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 Mrs Natalie Moore, registered manager, Mr Crutchley responsible individual, two dental nurses and a receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mrs Moore 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. The practice has purchased an automated external defibrillator (AED) to arrive in July 2018.

The practice offers conscious sedation to patients, however it was confirmed that conscious sedation is rarely used. The sedation medication is retained in another practice owned and managed by Ianmart Limited, and is provided on request as needed. It was established that all members of the dental team providing treatment under intravenous sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).

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 October 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 two clinical surgeries and the decontamination areas were clean, tidy and uncluttered. The IPS audit for 2017 highlighted a need to replace the flooring in two surgeries, these floors not reviewed during the inspection due to the continuous flow of patients. On 19 July 2018, Mrs Moore confirmed by email that a flooring company has been appointed to visit the practice on 31 July 2018 and provide costings for new flooring in both surgeries. It was agreed that Mrs Moore will notify RQIA when the work has been completed.

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.

The audits are carried out by Mrs Moore discussion confirmed that any learning identified as a result of these audits is shared during 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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was in place for the practice, which indicates the steps taken by individual dentists to reduce the risk of sharps injuries occurring.

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 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.

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, has been provided to meet the practice requirements. Mrs Moore confirmed by email on 19 July 2018 that the decontamination validation certificates will be submitted to RQIA after the validation occurs on 6 August 2018. The equipment used in the decontamination process had been inspected in keeping with the written scheme of examination in May 2018 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 four 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 in May 2017 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 Mrs Moore. It was confirmed that arrangements are in place to implement the collection of equality data.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion. One respondent was undecided as to whether the service was well led. Nineteen patients indicated that they were very satisfied or satisfied with each of these areas of their care. One patient as stated above was undecided regarding the well led section, however was either very satisfied or satisfied with the other three areas. Comments included in the submitted questionnaire responses are as follows:

- “Friendly staff and professional dentist.”
- “Very happy with my care.”
- “Excellent family dentist.”
- “I have been with the practice many years and I would recommend the practice to family and friends.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

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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