

Announced Care Inspection Report 14 September 2018



Orchard Family Dental

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

Address: 62 Catherine Street, Limavady BT49 9DB

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Inspectors: Norma Munn and Bridget Dougan

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 Provider: Ms Stephanie Desmond	Registered Manager: Ms Stephanie Desmond
Person in charge at the time of inspection: Ms Stephanie Desmond	Date manager registered: 14 June 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Action/enforcement taken following the most recent inspection dated 24 October 2017

The most recent inspection of Orchard Family Dental 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 24 October 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 19 (2) Schedule 2 Stated: First time	The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.	Met
	Action taken as confirmed during the inspection: Discussion with Ms Desmond confirmed that one staff member had been recruited since the previous inspection. A review of the personnel file for this member of staff evidenced that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had	

	been sought and retained.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time	<p>The registered person shall ensure that all staff receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>The level and contents of the training should be keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI).</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with staff and a review of training records confirmed that all staff have received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p>	
Area for improvement 2 Ref: Standard 15.3 Stated: First time	<p>The registered person shall ensure that the safeguarding policies are updated to fully reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with Ms Desmond and a review of documentation confirmed that the safeguarding policies have been updated to fully reflect the regional policy and guidance documents. Ms Desmond confirmed that the policies had been shared with staff.</p>	
Area for improvement 3 Ref: Standard 14.4 Stated: First time	<p>The registered person shall ensure that the intra oral x-ray machines are serviced and maintained in accordance with manufacturer's instructions.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with Ms Desmond and a review of documentation confirmed that the intra oral x-ray machines have been serviced and maintained in accordance with manufacturer's instructions.</p>	
<p>Area for improvement 4 Ref: Standard 9 Stated: First time</p>	<p>The registered person shall ensure that an anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment is generated on at least an annual basis.</p> <p>The report should be made available to patients and other interested parties.</p> <p>Action taken as confirmed during the inspection: Discussion with Ms Desmond and a review of documentation confirmed that questionnaires had been distributed to patients following the previous inspection and a detailed report of the findings had been generated. Ms Desmond confirmed that the report is available for patients to review.</p>	Met

5.0 Inspection findings

An announced inspection took place on 14 September 2018 from 11.00 to 13.15

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 inspectors met with Ms Stephanie Desmond, registered person; the practice manager; and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Desmond and the practice manager 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 in the main emergency medicines in keeping with the British National Formulary (BNF) were retained. It was observed that Adrenaline was retained in auto-injectors. Two doses of Adrenaline were provided in 150 micrograms and two doses in 300 micrograms. Adrenaline should be available in three doses 150 micrograms, 300 micrograms and 500 micrograms in keeping with the Health and Social Care Board (HSCB) and BNF. This was discussed with Ms Desmond who readily agreed to provide Adrenaline 500 micrograms.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 June 2018. It was confirmed that the newly appointed practice manager will be attending medical emergency training on 17 October 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 had been auditing compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in Primary Care Dental Practices using the Infection Prevention Society (IPS)

audit tool. However, Ms Desmond advised that she had difficulty accessing this audit and had used an alternative audit during April 2018. This audit included 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. Following the inspection RQIA forwarded a copy of the IPS audit tool template and Ms Desmond has agreed to complete this audit on a six monthly basis.

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 areas of good practice. Ms Desmond confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues. The audits are carried out by Ms Desmond and any learning identified as a result of these audits is shared with staff.

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'. Ms Desmond confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps. It was advised that consideration should be given to using safer sharps. Following the inspection RQIA received confirmation that a risk assessment had been completed on the management of sharps and shared with all staff.

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 April 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Desmond confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

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

Ms Desmond is the radiation protection supervisor (RPS). Ms Desmond 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. Ms Desmond 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 Ms Desmond and the practice manager.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All of the 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.

One comment was included in the submitted questionnaire responses as follows:

- “ xxx is always very pleasant and takes a real care in every aspect of my dental care.”

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Two staff submitted questionnaire responses to RQIA. Both staff indicated that they felt patient care was safe, effective, that patients were treated with compassion, that the service was well led

and were either satisfied or very satisfied with each of these areas of patient care. No comments were included in the submitted questionnaire responses.

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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