

Announced Care Inspection Report 21 August 2018



The Orthodontic Practice

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

Address: 33 Campsie Road, Omagh, BT79 0AJ

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Inspector: Stephen O'Connor

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 specialist orthodontic care and treatment.

3.0 Service details

Organisation/Registered Persons: Mr John Joseph McCullagh Miss Anita Corry	Registered Manager: Miss Anita Corry
Person in charge at the time of inspection: Miss Nicola Brogan	Date manager registered: 21 August 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

4.0 Action/enforcement taken following the most recent inspection dated 6 December 2017

The most recent inspection of The Orthodontic Practice was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 6 December 2017

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 21 August 2018 from 09:50 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 Miss Nicola Brogan, practice manager and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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 available. It was observed that Adrenaline was retained in auto-injectors in two doses. In keeping with the Health and Social Care Board (HSCB) and BNF, Adrenaline should be available in three doses 150 micrograms, 300 micrograms and 500 micrograms. This was discussed with Miss Brogan who readily agreed to provide Adrenaline 500 micrograms. On 30 August 2018 confirmation was submitted to RQIA that two doses of Adrenaline 500 micrograms had been provided.

A review of medical emergency equipment evidenced that most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available. It was noted that a pocket mask and a self-inflating bag with reservoir suitable for use with a child were not available. On 30 August 2018 confirmation was submitted to RQIA that this equipment had been provided.

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

The audits are usually carried out by the lead dental nurse. Miss Brogan confirmed that the findings of the IPS audit are discussed with staff during staff meetings. 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.

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 April 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.

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

There is an intra-oral x-ray machine, and an Orthopantogram and Lateral Cephalogram machine in a separate room.

Miss Brogan confirmed that 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 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 practice 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 Additional areas

During discussion Miss Brogan confirmed that Miss Anita Corry, registered person/manager has been on leave for over one year. Miss Brogan was advised that a notification of absence should be submitted to RQIA in respect of Miss Corry in keeping with regulation 29 of The Independent Health Care Regulations (Northern Ireland) 2005. Miss Brogan confirmed that Miss Corry can be contacted if required and that Mr McCullagh is in day to day charge of the practice.

5.6 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 Miss Brogan.

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:

- “Excellent service and staff.”
- “Treatment from start to finish was fantastic.”
- “Nice staff.”
- “Great practice.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three electronic questionnaires were completed. Two staff indicated that they were very satisfied with each of the areas of patient care. One staff member indicated that they were very unsatisfied with each of the areas of patient care. During the inspection, the inspector had the opportunity to discuss the questionnaire responses with the staff. A staff member confirmed that they had submitted the very unsatisfied response and that they were very satisfied with each of the areas of care. It was therefore concluded that the staff member who submitted a very unsatisfied response did so in error.

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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