

Announced Care Inspection Report 4 September 2018



Twin Spires Dental Surgery

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

Address: 155 Northumberland Street, Belfast, BT13 2JF

Tel No: 028 9024 0635

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 three registered places.

3.0 Service details

Organisation/Registered Providers: Mr David Bowen Mr Malachy Wallace	Registered Manager: Mr Malachy Wallace
Person in charge at the time of inspection: Mr David Bowen	Date manager registered: 09 August 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 7 August 2017

The most recent inspection of the Twin Spires Dental Surgery 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 7 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that separate log books should be developed to record all relevant information in regards to the receipt and use of prescription pads.	Partially met

	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that the systems in place did not include all relevant information in regards to the receipt and use of prescription pads. Advice and guidance was provided to Mr Bowen in this regard.</p> <p>This area for improvement is partially met and has been stated for a second time.</p>	
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5.0 Inspection findings

An announced inspection took place on 4 September 2018 from 09.25 to 10.55.

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 Bowen, registered person and briefly with Mr Wallace, registered person and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Bowen 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 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 evidenced 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 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. Mr Bowen confirmed that an action plan has been developed to address the areas identified for improvement.

The audits are carried out by Mr Bowen who 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.

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.

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 a steam steriliser, has been provided to meet the practice requirements. The equipment used in the decontamination process had not been appropriately validated this year. At the inspection evidence was available to that a validation visit had been arranged for the 14 September 2018. Mr Bowen contacted RQIA by electronic mail on 22 September 2018 to inform RQIA that this visit had been cancelled by the engineer and email evidence was sent to confirm that validations on the washer and autoclave will be completed on 4th October. The certificates will be forwarded after this date. A written scheme of examination had been undertaken 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. Mr Bowen confirmed that the OPG has been decommissioned and is not in use.

Mr Bowen 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 was in place. The section relating to staff training was not up to date. Mr Bowen forwarded certificates of training to RQIA on 22 September 2018. Mr Bowen 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.

Mr Bowen 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. Review of documentation confirmed that the servicing of x-ray equipment in accordance with manufacturer's instructions was due on the 12 September 2018. On 22 September 2018 RQIA received a copy of the service certificates for the three intra-oral x-ray machines by email.

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 Mr Bowen, who confirmed that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. Fourteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Fourteen patients indicated that they were either very satisfied or satisfied with each of these areas of their care. Two patients indicated that they were very unsatisfied with each of these areas of their care. Comments included in in submitted questionnaire responses are as follows:

- “Very good.”
- “David Bowen is an excellent dentist, I trust him implicitly with my care.”

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Bowen, 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 areas 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 8.5</p> <p>Stated: Second time</p> <p>To be completed by: 4 October 2018</p>	<p>The registered person shall ensure that separate log books should be developed to record all relevant information in regards to the receipt and use of prescription pads.</p> <hr/> <p>Response by registered person detailing the actions taken: Prescription safety policy and new separate logs have been developed and implemented within the practice.</p>

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



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