

Announced Care Inspection Report 14 December 2018



Visodental

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

Address: 5 Pump Street, Derry, BT48 6JG

Tel No: 028 7130 8762

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 two registered places.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Person: Ms Patricia Mullan | Registered Manager: Ms Patricia Mullan |
| Person in charge at the time of inspection: Ms Patricia Mullan | Date manager registered: 26 February 2013 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 2 |

4.0 Action/enforcement taken following the most recent inspection dated 19 January 2018

The most recent inspection of Visodental 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 19 January 2018

| 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 13.4 Stated: Second time | A weekly protein residue test must be undertaken in respect of the DAC Universal and results recorded in the machine logbook. | Met |
| | Action taken as confirmed during the inspection: Review of the DAC Universal logbook evidenced that a weekly protein residue test is undertaken and results recorded. | |
| Area for Improvement 2 Ref: Standard 11 Stated: First time | The procedure for the appraisal of staff performance should be reintroduced and records of appraisal retained. | Met |
| | Action taken as confirmed during the inspection: | |

| | | |
|---|---|------------|
| | A number of new staff have commenced work in Visodental. Ms Mullan confirmed that the newly recruited staff will have a formal appraisal when due. There is only one existing member of staff that would have been due an appraisal. This staff member confirmed that she did have a formal appraisal and records of same were retained. | |
| Area for Improvement 3 Ref: Standard 15.3 Stated: First time | The safeguarding lead/champion should complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). | Met |
| | Action taken as confirmed during the inspection: Ms Mullan as the safeguarding lead has completed online safeguarding training and has also attended a core training day during which safeguarding was discussed. Ms Mullan has also booked to attend a Northern Ireland Medical and Dental Training Agency (NIMDTA) Level 3 safeguarding course in the early part of 2019. | |
| Area for Improvement 4 Ref: Standard 12.2 Stated: First time | Medical emergency refresher training must be completed by staff at the earliest opportunity. Arrangements should be established to ensure that staff undertake medical emergency refresher training on an annual basis. | Met |
| | Action taken as confirmed during the inspection: It was confirmed that staff attended medical emergency refresher training during March 2018. Staff who commenced work after this date completed medical emergency training as part of their formal programme of induction and have also completed an online medical emergency course. | |
| Area for improvement 5 Ref: Standard 8.5 Stated: First time | The results of periodic tests and all records in relation to the operation of the practice should be completed in pen in keeping with the principles of good recording keeping. | Met |
| | Action taken as confirmed during the inspection: Review of machine logbooks evidenced that the results of periodic tests had been completed in pen in keeping with the principles of good record keeping. | |

5.0 Inspection findings

An announced inspection took place on 14 December 2018 from 13:35 to 15:45.

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 Ms Patricia Mullan, registered person, a dental nurse and the practice manageress who also undertakes reception duties. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Mullan 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 most emergency medicines in keeping with the British National Formulary (BNF) were retained. It was observed that Buccolam prefilled syringes were available only in 10mg doses. Ms Mullan confirmed that if required to administer a 7.5mg, 5mg or 2.5mg dose she would use the 10mg prefilled syringe partially discharging it. Ms Mullan was advised that on 25 September 2018 a letter was issued to all dental practices by the Health and Social Care Board to advise when administering Buccolam prefilled syringes part doses cannot be administered. Ms Mullan readily agreed to increase the stock of Buccolam pre-filled syringes. On 9 January 2019 evidence was submitted to RQIA that sufficient stock of Buccolam was available in prefilled syringe format to enable administration of all four doses and a second dose to the same patient if required.

A review of emergency equipment as recommended by the Resuscitation Council (UK) guidelines evidenced that all equipment with the exception of a self-inflating bag with reservoir suitable for use with a child were available. Ms Mullan was advised to give consideration to providing a self-inflating bag with reservoir suitable for use with a child.

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. As discussed, the most recent occasion staff completed medical emergency refresher training was during March 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 further 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 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 December 2018 by a dental nurse, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Mullan confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits would be shared with staff at the time and discussed again during staff meetings.

It was suggested to Ms Mullan that clinical staff should 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.

During discussion it was identified that conventional needles and syringes are used 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 Mullan and staff confirmed that it is the responsibility of the dentist to safely dispose of used needles. It was confirmed that

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. Ms Mullan was advised that the regulations named above should be reviewed and consideration given to the implementation of safer sharps.

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.

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 disinfecter, a DAC Universal 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

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

Ms Mullan 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 Mullan as 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 during March 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.

All dentists take 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 Mullan.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. Eighteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Seventeen patients indicated that they were very satisfied with each of these areas of their care. One patient indicated that they were very unsatisfied with each of these areas of their care; however, this patient included a positive comment in their questionnaire. Comments included in submitted questionnaire responses are listed below:

- “All treatment and patient care has been first class. Very professional dental practice.” This comment was included in the questionnaire by the patient who rated a very unsatisfied response.
- “I have avoided the dentist for years. This practice has made it possible with care and understanding to once again attend regularly.”
- “Always provided with a great service. My fear of the dentist has been greatly reduced by visiting this practice.”
- “1st class high quality establishment very happy with all areas of my dental care by Visodental.”

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

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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



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