Announced Care and Variation to Registration Inspection Report
26 June 2019

Galgorm Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: The Courtyard, Galgorm Castle, Ballymena, BT42 1HL
Tel No: 028 2563 1122
Inspector: Carmel McKeegan

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 2019/20 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
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with 3 registered places. An application to vary the registration of the practice to increase the number of dental chairs from three to four has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Persons: Mr Alan Crockett Mr Douglas Thom Mr Christopher Gocher	**Registered Manager:** Mr Alan Crockett
Person in charge at the time of inspection: Mr Alan Crockett	**Date manager registered:** 03 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3 increasing to 4 following the inspection

4.0 Action/enforcement taken following the most recent inspection dated 16 October 2018

The most recent inspection of the establishment 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 16 October 2018

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 26 June 2019 from 10.00 to 12.05.

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).

This practice was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 3 December 2015 with two dental places. Subsequently a variation to registration

application was submitted to RQIA to increase the number of chairs from two to three; this variation was approved with effect from 5 March 2018. On 12 April 2019 a further variation to registration application was submitted to RQIA. The application was to increase the number of registered dental chairs from three to four.

The inspection focused on the themes for the 2019/20 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

There were examples of good practice found in relation to the management of medical emergencies, infection prevention and control and decontamination, maintenance of the environment and radiology.

Two areas of improvement against the standards have been made. The first area was made to develop an overarching conscious sedation policy and the second area was made to ensure that dental handpieces are decontaminated in keeping with best practice guidance and manufacturer's instructions

The variation to registration application is granted from a care perspective subject to submission to RQIA of a completed Quality Improvement Plan (QIP), confirming that the areas identified for improvement have been met.

RQIA estates department were informed of the proposed conversion of an existing room within the practice to a new surgery and were satisfied that a premises inspection was not necessary in this case.

During the inspection the inspector met with a dental nurse and the lead clinical nurse, who facilitated the inspection. Mr Alan Crockett, registered person, was treating patients and met briefly with the inspector and Mr Christopher Gocher, registered person, arrived at the conclusion of the inspection. A tour of the premises was also undertaken.

The findings of the inspection were provided to the lead clinical nurse at the conclusion of the inspection.

5.1 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 on 2 April 2019.

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 Conscious Sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

The lead clinical nurse confirmed that conscious sedation is provided. Inhalation sedation, known as relative analgesia (RA) is offered in this practice as a form of sedation.

It was confirmed that an overarching conscious sedation policy had not yet been developed. An area for improvement against the standards has been made to develop an overarching conscious sedation policy. The policy should include arrangements in respect of the types of conscious sedation provided, the age range of patients, training of the dental team, sedation equipment/medication, factors that would exclude patients from receiving conscious sedation, preparation for sedation, sedation procedures and recording keeping.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003) which is the best practice guidance document endorsed in Northern Ireland.

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post treatment clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records and discussion with the lead clinical nurse confirmed that arrangements have been established to ensure the RA equipment is serviced annually. The lead clinical nurse confirmed that a nitrous oxide risk assessment had been completed to identify the risks

and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

An overarching conscious sedation policy should be developed and implemented.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.3 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 on 7 February 2019 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The lead clinical nurse confirmed that the clinical team complete the audit together, and should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant 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.

The arrangements in regards to the fourth dental surgery were reviewed. The fourth surgery has been completed to a high standard, the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The lead clinical nurse

confirmed that a laminated/wipe-clean poster promoting hand hygiene has been ordered and will be displayed at the hand washing area.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

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**

5.4 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.

Discussion with staff 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, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Review of a sample of handpieces evidenced that some handpieces were compatible with the washer disinfector. Processing of hand pieces was discussed with the lead clinical nurse was advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DoH. An area for improvement against the standards has been made to review the procedure for the decontamination of handpieces.

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.

It was confirmed that sufficient dental instruments have been provided to meet the demands of the fourth dental surgery when it is operational.

Areas of good practice
A review of the current arrangements evidenced that standards in respect of the decontamination of reusable dental instruments are being audited in line with best practice and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

The procedure for the decontamination of dental handpieces should be reviewed.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.5 Radiology and Radiation Safety

The practice has four surgeries, three of which has an intra-oral x-ray machine. In addition there is a cone beam tomography (CBCT) machine which is located in a separate room.

It was confirmed that the radiation protection supervisor (RPS) for the practice is aware of the 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 relating to the three intra-oral x-ray machines containing the relevant local rules, employer's procedures and other additional information. A review of the file confirmed that staff have been authorised by the RPS for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the most recent report dated 4 July 2018 demonstrated that the recommendations made have been addressed.

A separate radiation protection folder for the CBCT machine was also provided, which contained the relevant local rules, employer's procedures and written protocols for CBCT dental radiography. The RPA had completed the annual performance testing on the CBCT machine on 6 August 2018, review of this report demonstrated that the recommendations made have been addressed. Arrangements have been made for the annual performance testing of the CBCT to take place in July 2019.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

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

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

It was confirmed that no complaints have been received in the practice however should a complaint be made, recording templates were provided to ensure that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Alan Crockett, Mr Douglas Thom and Mr Christopher Gocher, registered persons, work in the practice, most days of the week and therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 Donnelly.

5.9 Application of variation

An application to vary the registration of the practice was submitted to RQIA to increase the number of registered dental chairs from three to four.

During the inspection process a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report

In addition to the arrangements reviewed, as previously discussed, regarding infection prevention and control and decontamination and radiology, the following records were examined during the inspection:

- statement of purpose
- patient guide

The variation to registration is granted from a care perspective subject to submission to RQIA of a completed QIP, confirming that the areas identified for improvement have been met.

RQIA estates department were informed of the proposed conversion of an existing room within the practice to a new surgery and were satisfied that a premises inspection was not necessary in this case.

5.10 Patient and Staff Views

Sixteen patients submitted questionnaire responses to RQIA. All16 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 16 patients also indicated that they were very satisfied with each

of these areas of their care. The following comments were included in submitted questionnaire responses:

- 'Myself, my partner and my kids come here, first class dental care.'
- 'Everyone is so helpful, friendly, providing excellent care in a very comfortable environment.'
- 'I am very satisfied with my care at Galgorm Dental.'
- 'I always leave feeling brilliant, and very well looked after.'

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

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the clinical lead nurse, 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)	
Area for improvement 1 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 30 August 2019	The registered person shall develop and overarching conscious sedation policy in keeping with best practice guidelines as specified in 'Conscious Sedation In The Provision of Dental Care' (2003). Ref: 5.2
	Response by registered person detailing the actions taken: A Conscious Sedation policy is now in place and staff have been made aware
Area for improvement 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 30 August 2019	The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector. Ref: 5.4
	Response by registered person detailing the actions taken: all handpieces displaying the washer disinfector logo will be processed in the washer disinfector

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

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