Announced Care Inspection Report
27 August 2019

Sliabh Mór Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Unit 36, The Kennedy Centre, 564 - 568 Falls Road, Belfast, BT11 9AE
Tel No: 028 9043 0110
Inspector: Steven Smith

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, if applicable
- 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, if applicable

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Sliabh Mór Dental Care Ltd **Responsible Individual:** Ms Mary-Claire Carroll	**Registered Manager:** Mr Paul Kane
Person in charge at the time of inspection: Ms Mary-Claire Carroll	**Date manager registered:** 21 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Action/enforcement taken following the most recent inspection dated 5th October 2018

The most recent inspection of the establishment was an announced care inspection and variation of registration. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 27 August 2019 from 10:15 to 12:15.

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 inspector met with Ms Mary-Claire Carroll, responsible individual, Mr Paul Kane, registered manager, a dental nurse and a dental receptionist. A tour of some areas of the premises was also undertaken.

One area of improvement has been identified against the standards to ensure that the validation of decontamination equipment is carried out annually as outlined in Health Technical Memorandum (HTM) 01-05.

The findings of the inspection were provided to Ms Carroll and Mr Kane 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 were retained in keeping with the British National Formulary (BNF). In general, emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available in the practice with the exception of an automated external defibrillator (AED) and a self-inflating bag with reservoir for a child. It was confirmed that the practice has access to a community AED, retained by the Kennedy Centre, which can be accessed during surgery opening hours within three minutes of collapse, in keeping with the Resuscitation Council (UK) guidelines. Following the inspection RQIA received evidence via email to confirm that a self-inflating bag with reservoir for a child 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 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 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.

Mr Kane confirmed that conscious sedation is not provided in the surgery.

5.3 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 August 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by Ms Carroll who confirmed that any learning identified as a result of these audits is shared at 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.

It was confirmed that conventional needles and syringes are used by the dentist when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as is reasonably practicable. A risk assessment has been undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed with Ms Carroll who confirmed that it is the responsibility of the user to safely dispose of them.

Review of personnel records demonstrated that evidence of Hepatitis B vaccination status was retained. These records had either been generated by the staff member's GP or by an occupational health department. Mr Kane confirmed that recruited clinical staff members, new to dentistry, were automatically referred to occupational health.

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

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 disinfector and a steam steriliser, has been provided to meet the practice requirements. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Mr Kane was unable to produce documentary evidence to confirm that the washer disinfector and steam steriliser had been appropriately validated in keeping with HTM 01-05. An area for improvement against the standards has been made in this regard.

There was no evidence to confirm that the equipment used in the decontamination process had been appropriately inspected in keeping with the written scheme of examination. Following the inspection RQIA received evidence via email to confirm that the equipment had been inspected in keeping with the written scheme of examination.

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

Validation of decontamination equipment must be carried out annually as outlined in Health Technical Memorandum (HTM) 01-05. Validation certificates, specific to each piece of equipment, must be retained for inspection.

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

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine.

Ms Carroll, as 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. Ms Carroll regularly reviews the information contained within the file to ensure that it is current.

There was no evidence to confirm that the x-ray equipment had been serviced and maintained in accordance with the manufacturer's instructions. After the inspection RQIA received evidence via email to confirm that the x-ray equipment had been serviced during February 2019.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA, completed during December 2018, and discussion with Ms Carroll, demonstrated that any recommendations made have been addressed.

A new intra-oral x-ray machine had been installed in Surgery 3 during September 2018. A critical examination had been undertaken by the RPA at that time and recommendations made had 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**

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mr Kane confirmed that whilst the practice has not received a complaint since the last care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary. Mr Kane confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments 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.

Ms Carroll is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 Carroll and Mr Kane.

5.9 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 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 submitted questionnaire responses are as follows:

- "Very relaxed and caring approach. Deffo feel at ease in comparison to past experience in previous surgeries."
- "Emergency appointment provision is great. Old dentist did not offer appointments as quickly."
- "Saturday availability – fab!"
- "Perfect."

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

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Carroll, responsible individual and Mr Kane, registered manager as part of the inspection process. The timescale commences from the date of inspection.

The responsible individual/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 the area for improvement identified within the QIP is 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 action taken to address the area 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 13.4 **Stated:** First time **To be completed by:** 27 September 2019	The responsible individual shall ensure that the validation of decontamination equipment is carried out annually as outlined in Health Technical Memorandum (HTM) 01-05. Validation certificates, specific to each piece of equipment, must be retained for inspection. Ref: 5.4
	Response by registered person detailing the actions taken: Validation Certificates are now retained in Practice. Copies Sent vis E-Mail. Yearly Contract Agreed.

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

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