

Announced Care Inspection Report 26 September 2019



Ballymena Dental Centre

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

Address: 38 Broughshane Street, Ballymena, BT43 6EB

Tel No: 028 2565 2144

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 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: Dental World 1 Limited Responsible Individual: Miss Monica Shah | Registered Manager: Miss Linda McVey |
| Person in charge at the time of inspection: Miss Linda McVey | Date manager registered: 01 October 2018 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: Three |

4.0 Action/enforcement taken following the most recent inspection dated 12 December 2018.

The most recent inspection of Ballymena Dental Centre was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 12 December 2018

| Areas for improvement from the last care inspection | | |
|--|--|---------------------------------|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 15 (1) Stated: First time | The registered person shall ensure that the intra-oral x-ray machine in surgery 9 is not used until such times as the casing has been replaced and a critical examination and acceptance tests report confirms that the machine is safe for use. A copy of the critical examination and acceptance test report should be submitted to RQIA upon return of this quality improvement plan (QIP). | Met |
| | Action taken as confirmed during the inspection: Miss McVey confirmed that the intra-oral x-ray machine in surgery nine is not in use. It was observed that the casing of the intra-oral x-ray machine had been replaced. A copy of the radiation protection advisor (RPA) critical examination and acceptance report confirming the intra-oral x-ray machine in surgery nine is safe for use was submitted to RQIA. | |
| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | | Validation of compliance |
| Area for improvement 2 Ref: Regulation 25 (2) (b) Stated: First time | The registered person shall ensure that the cardboard stored in the room known as surgery 7 is removed. An action plan should be developed to declutter the practice. | Met |
| | Action taken as confirmed during the inspection: It was observed that the cardboard previously stored in surgery seven has been removed. Miss McVey confirmed that waste generated from supplies including cardboard is immediately disposed of. | |

| | | |
|--|---|-------------------|
| <p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a system is established to ensure that all equipment is serviced/maintained and inspected in keeping with manufacturer’s instructions.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that Miss McVey maintains a master calendar which includes the dates all equipment is due to be serviced. All service records requested during this inspection were available for review.</p> | |
| <p>Area for improvement 4</p> <p>Ref: Regulation 26</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the reports completed in accordance with Regulation 26 of The independent Health Care Regulations (Northern Ireland) 2005 are forwarded to RQIA on a two monthly basis for a period of six months (from January 2019). These should include a clear focus on the actions as outlined in the quality improvement plan (QIP) within this report.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>Regulation 26 quality monitoring reports were submitted to RQIA in keeping with the above area for improvement. Review of three of these reports confirmed they did include a section in regards to the QIP generated as a result of the previous inspection.</p> | |

5.0 Inspection findings

An announced inspection took place on 26 September 2019 from 09:55 to 12:00.

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 Linda McVey, registered manager, an associate dentist and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Miss McVey 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 January 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.

Miss McVey confirmed that conscious sedation is not provided in Ballymena Dental Centre.

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 June 2019 by the practice lead, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Miss McVey confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff. It was suggested that all dental nurses including trainee nurses contribute to the completion of the audit.

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.

Review of the staff register identified that three clinical staff members have commenced work in the practice since the beginning of 2018. Review of personnel records in relation to these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by the staff member's GP or an occupational health (OH) department. Miss McVey was advised that should clinical staff new to dentistry be recruited in the future they should be 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. 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 |

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three operational 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.

The radiation protection supervisor was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that 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 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.

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 |

5.6 Complaints management

The practice operates two complaints policies and procedures, one in respect of NHS patients and one for private patients. These policies were 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. Records of complaints included 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.

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.

As discussed, reports detailing the findings of Regulation 26 unannounced quality monitoring visits were retained. Miss McVey confirmed these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified and these included timescales and the name of the person responsible for completing the action.

Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

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 Miss McVey and staff.

5.9 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All eight 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 patients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted questionnaire responses.

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

5.10 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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