

# Announced Care Inspection Report 19 November 2019



## Dundonald Dental Centre

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 1003 Upper Newtownards Road, Dundonald, BT16 1RN**  
**Tel No: 028 9048 3240**  
**Inspector: Liz Colgan**

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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 3 registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Mrs Monica Shah	<b>Registered Manager:</b> Ms Megan Bell
<b>Person in charge at the time of inspection:</b> Ms Megan Bell	<b>Date manager registered:</b> 6 June 2019
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 15 August 2018

The most recent inspection of the Dundonald Dental Centre 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 15 August 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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First Time	The registered person shall ensure that safeguarding of adults and children training is provided as outlined in the Minimum Standards for Dental Care and Treatment (2011) and in accordance with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2015-2018.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of three randomly selected staff files evidenced that staff had received safeguarding of adults and children training as outlined in the Minimum Standards for Dental Care and Treatment (2011) and in accordance with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2015-2018.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 11.3 <b>Stated:</b>First Time</p>	<p>The registered person shall further develop the induction programmes to provide a meaningful induction specific to the role of each new employee recruited</p> <p><b>Action taken as confirmed during the inspection:</b> Review of induction programmes evidenced that they were job specific.</p>	<b>Met</b>

## 5.0 Inspection findings

An announced inspection took place on 19 November 2019 from 09.55 to 11.30.

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 Megan Bell, registered manager, and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Bell 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 February 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.

Ms Bell confirmed that conscious sedation is not provided.

### 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 July 2019, evidenced that the audit had been completed in a meaningful manner.

The audits are carried out by Ms Bell who confirmed that any learning identified as a result of these audits is shared with 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.

Discussion with Ms Bell confirmed that records were retained to evidence staff's Hepatitis B vaccination status. These records had been generated by the staff member's GP and an occupational health (OH) department. Ms Bell was aware that all clinical staff members recruited in the future who are new to dentistry should be referred to OH.

#### 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 HTM01-05 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 disinfectant and 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 surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), installed on the 5 November 2019 which is located in a separate room.

Ms Bell confirmed that the 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. 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 demonstrated that any recommendations made have been addressed. In addition a critical examination was undertaken by the RPA on the newly installed OPG in November 2019. Ms Bell provided assurances that any recommendations made would be addressed when the RPA report is received.

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. A review of these audits identified that the way the annual justification and clinical evaluation recording audit is recorded does not provide sufficient evidence. Ms Bell agreed to review this area and improve the information provided. An area for improvement against the standards was made in this regard.

### Areas of good practice

A review of radiology and radiation safety arrangements, in general, evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

### Areas for improvement

The format and recording of the annual justification and clinical evaluation recording x-ray audit should be improved.

	Regulations	Standards
Areas for improvement	0	1



## 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. 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. Ms Bell confirmed that an audit of complaints to identify trends, drive quality improvement and to enhance service provision would be undertaken if required.

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

A visit by the registered provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and 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 which include timescales and 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 Ms Bell.

### 5.9 Patient and staff views

RQIA invited patient's staff to complete a questionnaire prior to the inspection. No completed patient questionnaires were received.

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

Areas for improvement identified during this inspection are detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with Ms Megan Bell, registered manager, 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2019</p>	<p>The registered person shall ensure that the formatting and recording of annual justification and clinical evaluation recording audit is improved to provide sufficient evidence.</p> <p>Ref: 5.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Audit had been completed, but without full justification due to a change in software, and I was not aware of how to compile a list of patients and the radiographs that had been taken. I have now sought advice on how to do this.</p>

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



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