Announced Care Inspection Report
15 May 2019

Bradbury Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 46 Bradbury Place, Belfast BT7 1RU
Tel No: 028 9022 2444
Inspectors: Emily Campbell

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Ms Monica Shah	**Registered Manager:** Miss Jill Shiells
Person in charge of the establishment at the time of inspection: Miss Jill Shiells	**Date manager registered:** 20 August 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

Dental World 1 Limited is the registered provider for 11 dental practices registered with RQIA. Ms Monica Shah is the responsible individual for Dental World 1 Limited.

4.0 Action/enforcement taken following the most recent inspection dated 20 August 2018

The most recent inspection of the establishment was an announced pre-registration follow-up care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 20 August 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 15 May 2019 from 9:50 to 12:20.

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 Jill Shiells, registered manager, an associate dentist, the practice lead dental nurse and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Miss Shiells 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.

Ms Shiells confirmed that conscious sedation is not provided in the practice.

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. An operator's stool in one surgery was torn; Ms Shiells confirmed that a replacement stool had been ordered in April 2019 and documentary evidence was submitted by email on 16 May 2019 to this effect. The handle of a drawer in one surgery was broken and Ms Shiells provided assurances this was being addressed.

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 January 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Miss Shiells confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

Ms Shiells carried out the last two IPS audits but confirmed that it is her intention to rotate completion of future audits among dental nursing staff. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice. Ms Shiells confirmed that any learning identified as a result of 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.

A blood spillage kit was available; however, it was unclear if the products contained in the kit are chlorine-releasing agents. An area for improvement against the standards was made to ensure that hypochlorite is the chemical compound available in the blood spillage kit in keeping with HTM 01-05.

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

Ensure that hypochlorite is the chemical compound available in the blood spillage kit in keeping with HTM 01-05.

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

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, in general, 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. However, dental handpieces are not being processed through the washer disinfector. An area for improvement against the standards that 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 Addendum 1. Compatible dental handpieces should be processed in the washer disinfector.

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, in general, 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

Compatible dental handpieces should be processed in the washer disinfector.

	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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A new radiation protection supervisor (RPS) was recently appointed. 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 RPS reviews the information contained within the file to ensure that it is current. Some entitlement records have been signed off by the previous RPS and the current RPS agreed to review and update these records.

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.

A new OPG was installed in on 24 October 2018 and a critical examination was undertaken at that time by a service engineer. However, there was no evidence that the service engineer report had been submitted to the RPA for review. Documentary evidence was submitted on the afternoon of the inspection confirming that the RPA was satisfied that no further action was required.

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 were complaints policies and procedures in respect of private and NHS care and treatment which were 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. Staff were knowledgeable about how to respond to complaints.

Miss Shiells confirmed that there have been no complaints received since registration of the practice. However, discussion with Miss Shiells and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. This will include 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. Miss Shiells confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

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

Unannounced visits are undertaken by the responsible individual (RI) as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Review of the most recent visit on 7 January 2019 evidenced that an action plan was developed to address any issues identified which include timescales and persons responsible for completing the actions. Whilst the report was fairly comprehensive, it did not include information of staff or patients spoken with or any reference to review of the last RQIA inspection report and quality improvement plan (QIP). An area for improvement against the standards was made that Regulation 26 visits should include this information; this will further enhance the governance arrangements.

It was confirmed that RI reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

Areas of good practice

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

Areas for improvement

The report detailing the findings of Regulation 26 visits should include information in relation to staff and patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP).

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

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 Shiells and staff.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All patients indicated that were very satisfied or satisfied that their care was safe and effective, and that they were treated with compassion. Nineteen patients were very satisfied or satisfied that the service was well led; one patient indicated a neutral response. The following comments were provided in submitted questionnaires:

- "Could not wish for better dentist or staff. Always feel welcome and reassured."
- "I hate when I am sent back when I am late but wait for longer time when the dentist is late in seeing me."

Five staff submitted questionnaire responses to RQIA. Four staff indicated that they were very satisfied that patient care was safe, effective, that patients were treated with compassion and that the service was well led; one staff response indicated they were very unsatisfied with each of these areas. Ms Shiells considered that the staff member may have completed the questionnaire incorrectly; however, she will discuss this with staff and request that any issues of concern are brought to her attention. The following comments were provided in submitted questionnaires:

- "Very happy with how the practice is ran. Good working environment and patients well cared for."
- I am happy with the quality of working being carried out in this practice and I am a satisfied member of staff."

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**3**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Jill Shiells, 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 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 **Stated:** First time **To be completed by:** 15 June 2019	The registered person shall ensure that hypochlorite is the chemical compound available in the blood spillage kit in keeping with HTM 01-05. Ref: 5.3
	Response by registered person detailing the actions taken: new body fluid kit purchased which contains hypochlorite as the chemical compound
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 15 June 2019	The registered person shall review the procedure for the decontamination of dental handpieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1. Compatible dental handpieces should be processed in the washer disinfector. Ref: 5.4

	Response by registered person detailing the actions taken: all compatible handpieces are put through the washer
Area for improvement 3 **Ref**: Standard 11.8 **Stated:** First time **To be completed by:** 7 June 2019	The registered person shall ensure that the report detailing the findings of Regulation 26 visits include information in relation to staff and patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP). Ref: 5.7
	Response by registered person detailing the actions taken: monica shah informed re the amendments needed to internal inspection report

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

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