Announced Care Inspection Report
30 September 2019

David Reaney & Associates Ltd t/a Bridge Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 211 Albertbridge Road, Belfast, BT5 4PU
Tel No: 028 9691 9777
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, 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 two registered places.

3.0 Service details

Organisation/Registered Provider: David Reaney & Associates Limited **Responsible Individual:** Mr David Reaney	**Registered Manager:** Mr David Neill
Person in charge at the time of inspection: Ms Gill Fairley, practice manager	**Date manager registered:** 6 September 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

Mr David Reaney also owns and operates David Reaney & Associates Dental Practice in Moy.

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

The most recent inspection of the establishment was an announced variation to registration 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 November 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 30 September 2019 from 10.30 to 12.45.

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

Two areas for improvement were made against the standards; one in relation to the provision of Buccolam medication and the other area to ensure six monthly unannounced monitoring visits are undertaken by the responsible person in accordance with legislation.

The findings of the inspection were provided to the practice manager 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 in the main emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A discussion took place regarding the provision of Buccolam medication as Buccolam 10mg prefilled syringes and Buccolam 5mg prefilled syringes were in place. The practice manager was informed that the Health and Social Care Board (HSCB) had issued a letter to all dental practices in September 2018 advising that Buccolam pre-filled syringes cannot be partially administered; therefore the provision of Buccolam in pre-filled syringe format must be reviewed to enable the correct administration of a 2.5mg or 7.5mg dose to a patient in the aligned age group. An area for improvement against the standards has been made in this regard.

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 25 September 2018, the practice manager confirmed that this refresher training is booked to take place on 30 October 2019 and all staff members are invited to attend.

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 in the main 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

Provide Buccolam in sufficient quantities and doses as recommended by the HSCB and the BNF.

	Regulations	Standards
Areas for improvement	0	1

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 practice manager 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 on 10 June 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 a dental nurse 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.

Review of the staff register identified that the most recently recruited staff member commenced work since the previous inspection. Review of personnel records in relation to this staff member demonstrated that records were retained to evidence their Hepatitis B vaccination status. The practice manager was aware that all staff members new to dentistry recruited in the future 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**,** a DAC Universal 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 two surgeries, both of which have an intra-oral x-ray machine.

The practice manager confirmed that the 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. 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.

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, in the main, was in accordance with legislation and DoH guidance on complaints handling. Following discussion the practice manager confirmed that a minor amendment would be made to the policy to include the onward referral pathway for private and NHS patients should they remain dissatisfied with the outcome of the complaint investigation at practice level. 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. The practice manager confirmed that staff 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. The practice manager confirmed that whilst the practice has not received a patient 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. The practice manager 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. The practice manager confirmed that Mr Reaney, responsible individual, visits the practice at least once a week and reviews relevant records and meets with staff members; however this has not been recorded.

The practice manager sought advice on the information to be provided in respect of the Regulation 26 unannounced quality monitoring visits and following the inspection RQIA provided further information and a sample report template by email. An area for improvement has been made in this regard.

Areas for improvement

Regulation 26 unannounced quality monitoring visits must be undertaken every six months and a report of the visit made available.

	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 staff and review of information evidenced that the equality data collected was managed in line with best practice.

5.9 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All 18 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 also indicated that they were very satisfied or satisfied with each of these areas of their care. No comments were included in the submitted patient questionnaire responses.

Four staff submitted questionnaire responses to RQIA. One of the questionnaires was not meaningful as the respondent had skipped all the questions. The remaining three respondents indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and also indicated that they were very satisfied with each of these areas of patient care. No comments were included in the submitted staff questionnaire responses.

5.10 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 practice 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 8.5 **Stated:** First time **To be completed by:** 30 October 2019	The responsible individual shall ensure that Buccolam pre-filled syringes medication is available in the various doses and quantities in keeping with the British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken: 2.5mg buccolam sourcedand added to emergency drugs kit.
Area for improvement 2 **Ref**: Standard 11.8 **Stated:** First time **To be completed by:** 30 October 2019	The responsible individual shall ensure that an unannounced monitoring visit is undertaken on a six monthly basis as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report of this visit should be made available for patients, their representatives, staff, RQIA and any other interested parties to read. Ref:5.7
	Response by registered person detailing the actions taken: Copy of pro-forma for unnanounced visit obtained from RQIA and first visit will take place during November 2019.

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

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