Announced Care Inspection Report
3 February 2020

Abbey Dental Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 630 Shore Road, Whiteabbey, BT37 0ZS
Tel No: 028 9085 4014
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: Abbey Dental Clinic Ltd **Responsible Individual:** Ms Grainne McCloskey	**Registered Manager:** Ms Grainne McCloskey
Person in charge at the time of inspection: Ms Grainne McCloskey	**Date manager registered:** 14 May 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Action/enforcement taken following the most recent inspection dated 28 November 2018

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

5.0 Inspection findings

An announced inspection took place on 3 February 2020 from 10.00 to 12.30.

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 Grainne McCloskey, responsible individual, the practice manager who is also a qualified 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 Ms McCloskey and 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 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 September 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 McCloskey confirmed that conscious sedation is provided by Abbey Dental Clinic in the form of inhalation sedation, known as relative analgesia (RA). Three dentists provide RA and it was confirmed that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A policy and procedure in relation to the management of conscious sedation was in place, however, this required further development to ensure all the relevant components are included. A revised policy was submitted to RQIA on 3 February 2020.

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

A review of records and discussion with the practice manager confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. It was also confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

Further to information submitted following the inspection, no areas for improvement were identified.

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

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. It was noted that a dental stool in an identified dental surgery had rips in the upholstery. This was discussed with Ms McCloskey who readily agreed to have this item repaired. Following the inspection RQIA received evidence via post to confirm that the dental stool had been repaired.

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 December 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 the practice manager in partnership with the dental nurses and it was 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 dentists when administering local anaesthetic, as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that safer sharps should be used so far as is reasonably practicable. A risk assessment has been undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them.

Discussion with Ms McCloskey and the practice manager, and review of the practice accident/incident book, evidenced that one sharps injury occurred during 2019. In this instance a member of staff sustained a sharps injury from a used dental instrument. The sharps injury was managed in accordance with best practice and the individual who sustained the sharps injury attended occupational health. There was sufficient information recorded regarding the circumstances of the injury and evidence of an investigation of the event and subsequent action and learning to prevent a recurrence. The event had not been notified to RQIA. Ms McCloskey readily agreed to submit a retrospective notification and this was received on 3 February 2020.

Review of personnel records demonstrated that evidence of the Hepatitis B vaccination status of clinical staff was retained. These records had either been generated by the staff member's GP or by an occupational health department. The practice manager confirmed that all newly 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

Further to information submitted following the inspection, no areas for improvement were identified.

	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 and sterilised following use in keeping with best practice guidance as outlined in HTM 01-05. It was observed that some of the wrapped, sterilized instruments stored in the decontamination room were not labelled to indicate either the date of sterilization or the date by which they should be used. The practice manager was advised that a system should be implemented to ensure that the 12 month storage time is not being exceeded. An area for improvement against the standards has been made in this regard.

Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers, 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.

Equipment logbooks evidenced that, generally, periodic tests are undertaken and recorded in keeping with HTM 01-05. Review of documents and discussion with the practice manager established that a logbook for recording periodic tests for the non-vacuum steriliser had not been maintained in keeping with HTM 01-05. Advice and guidance was shared with the practice manager in relation to periodic tests and following the inspection RQIA received evidence via post to confirm that periodic tests and a logbook for this steriliser had been reinstated with immediate effect. Further review of the equipment logbooks identified that the weekly protein residue test for the DAC Universal was not being undertaken in keeping with HTM 01-05. An area for improvement against the standards has been made in this regard.

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, in general, 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

Implement weekly protein residue testing for the DAC Universal.

Implement a system to ensure that the 12 month storage time for wrapped, sterilized instruments is not being exceeded.

	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 a cone beam computed tomography (CBCT) machine located in a separate room.

Ms McCloskey, 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 McCloskey 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 for the intra-oral x-ray machines and annually for the CBCT. A review of the reports of the most recent visits by the RPA, completed during February 2019, 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

There was a complaints policy and procedure in place, however a number of minor amendments were required to ensure that it was in accordance with legislation and DoH guidance on complaints handling. The practice manager readily agreed to make these changes and submitted evidence to RQIA on 20 February 2020 to confirm that a revised policy had been implemented. 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 manager confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision as necessary.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

Further to information submitted following the inspection, no areas for improvement were identified.

	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 McCloskey 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 the practice manager and Ms McCloskey.

5.9 Patient and staff views

Eleven 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.

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 QIP. Details of the QIP were discussed with Ms Grainne McCloskey, responsible individual, and 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 13.4 **Stated:** First time **To be completed by:** 4 February 2020	The registered person shall: • Commence weekly protein residue testing for the DAC Universal. • Implement a system to ensure that the 12 month storage time for wrapped, sterilized instruments is not being exceeded. Ref: 5.4
	Response by registered person detailing the actions taken: We are now undertaking our weekly protein test and recorded in a record book for the DACS machine. Staff training was held for stamping, dating and rotating intruments and procedures put in place to check weekly

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

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