

Announced Care Inspection Report 6 November 2019



Advance Dental & Implant Centre

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

Address: 9A Newry Road, Banbridge, BT343HF

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Inspector: Emily Campbell

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 providing private dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Advance Dental & Implant Centre Responsible Individual: Mr Christopher Sands	Registered Manager: Mrs Terri Sands
Person in charge at the time of inspection: Mr Christopher Sands	Date manager registered: 30 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 12 October 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 6 November 2019 from 10:25 to 13:40.

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 Mr Christopher Sands, responsible individual, Mrs Terri Sands, registered manager, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Sands, Mrs Sands 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. The Glucagon medication was stored in the fridge and fridge temperatures were retained to evidence it was stored between 2 and 8 degrees Celsius. However, records were recorded on a weekly basis as opposed to daily. The fridge temperature recording template was revised during the inspection to record temperatures daily.

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 March 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 made 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.

Mr Sands confirmed that conscious sedation is provided in the form of intravenous sedation (IV) to patients; Mr Sands is the only dentist currently providing this service.

A policy and procedure in relation to the management of conscious sedation is in place. Discussion took place regarding further development of the policy and a revised policy was submitted to RQIA by email on 25 November 2019.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of care records evidenced that consent for treatment and pre, peri and post clinical observations were recorded. The justification for using sedation was not recorded; however, Mr Sands provided assurances in this regard. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established 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.

Medicines used during IV sedation were appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these drugs.

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 received 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.

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 August 2019 evidenced that the audit had identified areas of good practice. However some issues were identified during the inspection which had not been reflected in the most recent audit. This should be considered when completing future audits to ensure they are completed in a meaningful manner. The audits are carried out by a dental nurse and it was confirmed that the results of audits are shared with staff at team meetings.

Fabric towels were observed in the patient toilet facility, these were replaced with disposable hand towels during the inspection. Some cabinetry in clinical areas was not sealed where it meets the flooring. The practice manager confirmed by email on 25 November 2019 that this had been addressed.

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.

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 are used so far as is reasonably practicable. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them and the practice manager confirmed that sharps risk assessments were in place for each dentist who do not use safer sharps.

Records were retained in respect of the Hepatitis B vaccination status of all clinical staff.

Areas of good practice

A review of the current arrangements, in general, 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 issues being addressed during the inspection and information received following the inspection, no areas for improvements 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. As discussed previously, some issues were identified during the inspection which had not been reflected in the most recent audit.

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.

Appropriate equipment, including two DAC Universals and one steam steriliser, has been provided to meet the practice requirements. 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, with the exception of instruments processed through the steriliser. Staff confirmed that these instruments are manually cleaned prior to sterilisation; all instruments must be processed through a washer disinfectant cycle, as a validated process, prior to sterilisation in keeping with best practice guidance as outlined in HTM 01-05. The practice manager confirmed by email on 25 November 2019 that all instruments are being processed through the DAC Universal which incorporates a washer disinfectant cycle and staff training had been given in this regard.

One DAC Universal had been validated in July 2019 and the other DAC Universal and the steriliser were scheduled to be validated on 18 November 2019. Documentary evidence of the validation of these was submitted to RQIA on 25 November 2019. Equipment used in the decontamination process had been inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the daily automatic control test (ACT) in respect of the DAC Universals. Documentary evidence was submitted to RQIA by email confirming that the periodic testing sheet for the DAC Universals had been revised to include the detail of the ACT.

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 the decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments and sterilised instruments are appropriately stored.

Areas for improvement

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

	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 a cone beam computed tomography (CBCT) scanner, which is located in a separate room.

Mr Sands, as 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.

Two dedicated radiation protection files, one in respect of the intra-oral x-ray machines and one in respect of the CBCT, containing all relevant information were in place. Mr Sands regularly reviews the information contained within the files to ensure that it is current.

The appointed RPA completes a quality assurance check every three years in respect of the intra-oral x-ray machines and yearly in respect of the CBCT. Critical examination and acceptance tests were undertaken, on 10 October 2018, of all x-ray equipment when the practice moved to new premises. It was confirmed that the recommendations made by the RPA in the most recent reports for the intra-oral x-ray units and the CBCT had been addressed. However, these had not been signed off by Mr Sands in respect of the intra-oral report. Documentary evidence that this had been actioned was submitted by email to RQIA on 25 November 2019.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Sands 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. Following discussion a revised policy/procedure was submitted to RQIA by email on 25 November 2019 and suggestions were made regarding the further development of this to ensure it 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 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 in general confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was agreed that a complaints record book would be retained to record initial communication of dissatisfaction from patients. Photographic evidence was submitted to RQIA by email on 25 November 2019 that this had been actioned.

It was 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, in general, 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.

Mr Sands 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 staff.

5.9 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comment was provided in a questionnaire response:

- “Advance Dental is a very professional and caring dental practice. I would recommend them to anyone. Thank you.”

Staff were invited to submit questionnaire responses electronically. No questionnaire responses 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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



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