

# Announced Care Inspection and Variation of Registration Inspection Report 12 October 2018



## Advance Dental and Implant Centre

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

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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 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with two registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Advance Dental and Implant Centre  <b>Responsible Individual:</b> Mr Christopher Sands	<b>Registered Manager:</b> Mrs Terri Sands
<b>Persons in charge at the time of inspection:</b> Mr Christopher Sands Mrs Terri Sands	<b>Date manager registered:</b> 30 May 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two (increasing to three following this inspection)

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

The most recent inspection of the Advance Dental Care was an announced care inspection undertaken on 20 March 2018. No areas for improvement were made during this inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 20 March 2018

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

A combined announced and variation to registration inspection took place on 12 October 2018 from 11.00 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).

This practice was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 30 May 2012 with two dental places. An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr Christopher Sands, registered person. The application was to relocate Advance Dental Care to a new purpose built building and to increase the number of registered dental chairs from two to three. The new dental practice is to be known as Advance Dental and Implant Centre.

The inspection focused on the themes for the 2018/19 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the application of variation. The variation to registration was approved from a care perspective following this inspection.

Mr Gavin Doherty, RQIA estates inspector, contacted Mr Sands prior to this inspection and requested specific documents in relation to the premises to be submitted for review. Mr Doherty has reviewed the documents and confirmed approval of the variation application from an estates perspective.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Christopher Sands, registered person, Mrs Terri Sands, registered manager, and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr and Mrs Sands 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 on 28 February 2018.

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 in the new premises.

The practice also offers intravenous sedation to patients. It was established that all members of the dental team providing treatment under intravenous sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).

## 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 Infection prevention and control

### Infection prevention and control (IPC)

The dental practice was closed to patients in order to facilitate the transition from the previous premises to the new purpose built building; therefore all areas were available for review. A tour of the new premises was undertaken, it was confirmed that work had been completed to a high standard of specification and décor in all areas. All areas of the practice were fully equipped to meet the needs of patients.

Detailed cleaning schedules have been introduced for all areas which will be signed on completion. A colour coded cleaning system was in place and colour coded cleaning equipment was provided.

The three new dental surgeries were reviewed. Flooring in the surgeries was impervious and coved where it meets the walls. Surgeries were tidy and uncluttered and work surfaces were intact and easy to clean. Cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices.

A dedicated hand washing basin was available in each surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to each hand washing basin. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed and personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access which had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the dental chairs each operate an independent bottled-water system and have the same maintenance regime and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bins in the surgeries were in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

The practice will continue 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.

As the dental practice was not yet operational, an IPS audit had not yet been completed, however, Mrs Sands stated that the IPS audit will be undertaken at the earliest practical opportunity to establish a baseline which will inform staff. It was confirmed that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and the IPS audit will be repeated in six months.

As previously stated, Mr Gavin Doherty, RQIA estates inspector, contacted Mr Sands prior to this inspection and requested specific documents in relation to the premises to be submitted for review.

**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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.3 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, an IPS audit will be completed when the practice becomes operational and repeated again in six months. Discussion with staff confirmed that IPS audits are completed in a meaningful manner and the process involves all dental nurses on a rotational basis. Staff also confirmed that the outcome of all audits undertaken are discussed during regular staff meetings

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 two DAC Universal machines 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. The layout of the decontamination room has been designed to accommodate the installation of a washer disinfectant at a later date should this be required. An illuminated magnification device was not in place, however, it was confirmed that this item had already been ordered and staff were aware of the correct positioning of this device to maintain the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

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.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the third surgery.

**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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has three surgeries each of which have an intra-oral x-ray machine. Two intra-oral machines have been relocated from the previous premises and one machine is new. The practice also has a dedicated room which houses a cone beam computed tomography machine (CBCT).

Mr Sands is the radiation protection advisor (RPS), and 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. Mr Sands 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 in June 2018, undertaken in the old premises, demonstrated that any recommendations made have been addressed.

It was confirmed that a critical examination and acceptance test has been completed for all x-ray machines in the new premises by the installing engineers and it was confirmed that the critical examination and acceptance test reports have been forwarded to the RPA who will undertake a visit to the practice in January 2019.

There was evidence that the servicing and maintenance of radiology equipment was in keeping with the manufacturer's instructions for existing x-ray machines and the new intra-oral machine it is under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

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

Mr Sands confirmed that 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

## 5.5 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 Mr and Mrs Sands and staff.



## 5.6 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All six patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led and that they were very satisfied with each of these areas of their care. The following comments were provided in submitted questionnaires:

- 'Always a high standard of treatment and care. From the moment you walk in to the seeing the dentists and the hygienists.'
- 'Great care and treatment given at all times. I'm very happy.'

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 5.7 Additional areas examined

### Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The statement of purpose had been updated to reflect the change of location and additional dental chair.

### Patient guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The patient guide had also been updated to reflect the change of location and additional dental chair.

### Policies and procedures

A range of policies and procedures was in place that has been localised to the practice. Policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures has been developed.

### Records

Discussion with staff and observations made during the inspection demonstrated that appropriate systems and processes were in place for the management of electronic and manual records and maintaining patient confidentiality. A computer system had been installed and the practice was in the process of transferring all relevant documents held in hard copy onto the computer software. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Staff training had been provided in relation to the new computer system, staff confirmed that ongoing support was readily available.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the

creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Information was available for patients on how to access their health records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

### **Qualitative treatment and other service provision**

Discussion with Mr and Mrs Sands and review of documentation indicated that some quality assurance systems and processes were in place which included: x-ray quality audits, patient satisfaction survey, regular staff meetings and staff appraisals.

Mrs Sands confirmed that patient satisfaction questionnaires will be available for patients throughout the year and information will be collated from the returns on an annual basis.

#### **5.8 Total number of areas for improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **6.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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