

# Announced Care Inspection Report 18 July 2019



## Bachelors Walk Dental Surgery

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

**Address: 39 Bachelors Walk, Lisburn BT28 1XN**

**Tel No: 028 9266 3022**

**Inspector: Norma Munn**

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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 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
- laser safety arrangements
- review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with three registered places providing NHS and private dental treatment. The dental practice is also registered to provide dental laser services.

### Laser equipment

Manufacturer: Quicklase  
 Model: Dentalase 5w  
 Serial Number: 050717002  
 Laser Class: 4  
 Wavelength: 810nm

### Laser protection advisor (LPA)

Ms Estelle Walker

### Laser protection supervisor (LPS)

Mr Andrew Wallace

### Authorised operator

Mr Andrew Wallace

### Type of treatments provided:

The Dentalase 5w is a soft tissue laser that can be used to effectively aid a wide range of treatments from gum disease to root fillings, restorations and minor surgery. The laser treatment can also improve healing and provide pain relief.

## 3.0 Service details

<b>Organisation/Registered Persons:</b> Mr Craig Gibson and Mr Andrew Wallace	<b>Registered Manager:</b> Mr Andrew Wallace
<b>Person in charge at the time of inspection:</b> Mr Craig Gibson	<b>Date manager registered:</b> 4 November 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 26 June 2018

The most recent inspection of Bachelor Walk Dental Surgery was an announced care inspection. No areas for improvement were made during this inspection.

#### 4.1 Review of areas for improvement from the last care inspection dated 26 June 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 18 July 2019 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) and the DoH Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

During the inspection the inspector met with Mr Craig Gibson, registered person, the lead dental nurse and two other dental nurses. A tour of some areas of the premises was also undertaken.

No areas for improvement have been identified as a result of this inspection.

The findings of the inspection were provided to Mr Gibson, registered person 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 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.

## 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.

Mr Gibson confirmed that conscious sedation is not provided in Bachelor Walk Dental Surgery.

### 5.3 Infection prevention and control

#### Infection prevention and control (IPC)

The practice, including the clinical and decontamination areas was generally clean and tidy. However, the patient's toilet was cluttered with excess handtowels and toilet rolls and areas were observed to be dusty. The dental nurse has agreed to address this issue. The room that houses the orthopan tomogram machine (OPG) was cluttered with various items stored on the floor and work tops, making it difficult to ensure effective cleaning can take place. This was discussed and it was advised that the OPG room is decluttered and deep cleaned as a matter of urgency. Following the inspection RQIA received confirmation that the OPG room had been decluttered and deep cleaned and photographic evidence of this was provided.

Several damp areas were observed on ceiling tiles in the back corridor on the ground floor of the premises. Some of the tiles were damaged and one was missing. Mr Gibson confirmed that the cause of damp had been investigated and was no longer a problem. It was advised that any ceiling tiles that had been damaged or removed should be repaired or replaced.

Staff confirmed that the floor covering in one of the first floor surgeries had also been damaged by a recent leakage of water. This was discussed and it was advised that the identified floor covering is repaired or replaced. Following the inspection RQIA received confirmation that quotes had been received to replace the identified damaged ceiling tiles and flooring and assurances were given that these issues identified will be 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 June 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. The most recent audit was carried out by the lead dental nurse and an action plan was generated to address the areas that required improvement. It was confirmed that previous audits have been carried out by other dental nurses. The lead dental nurse confirmed that the findings of the IPS audit are discussed 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.

### Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice include proactively auditing practice and ensuring staff have the knowledge and skills to ensure standards are maintained.

### Areas for improvement

No additional 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.

A review of the most recent IPS audit, completed during June 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 disinfecter, a DAC Universal and a steam steriliser, have 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. A review of equipment logbooks evidenced that periodic tests had been undertaken and recorded in keeping with HTM 01-05 with the exception of protein residue tests in respect of the DAC Universal. Staff confirmed that these had been undertaken on a weekly basis but not recorded. Following the inspection it was confirmed that the protein residue tests were being recorded in keeping with best practice.

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**

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	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 an OPG, which is located in a separate room.

Mr Gibson is the radiation protection supervisor (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 Gibson 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.

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

## 5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Mr Gibson was advised to amend the policy to clearly identify the referral routes for complainants who were dissatisfied with local resolution to their complaint in relation to NHS and private dental care and treatment. Following the inspection RQIA received confirmation that this had been actioned.

Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information 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. Review of records pertaining to a recent complaint evidenced that details of the investigation undertaken and all communication with the complainant including the outcome of the complaint had been retained. Mr Gibson was advised to also record the complainant's level of satisfaction.

The practice retains compliments received, and there are systems in place to share these 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 additional areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 5.7 Laser safety

#### Laser safety

Since February 2018 laser procedures have been carried out by Mr Wallace who has knowledge in the use of the dental laser systems. Laser treatment protocols have been developed by Mr Wallace to reflect the treatments undertaken and include:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There was a laser safety file in place that included written confirmation of the appointment and duties of a certified LPA. The service level agreement between the establishment and the LPA was reviewed and this expires on 27 July 2020.

The practice has local rules in place which have been developed by their LPA on 11 November 2017. The local rules had an expiry date of 10 November 2018. It was advised that the local rules were updated accordingly. Following the inspection RQIA received a copy of the updated local rules dated 24 July 2019. The local rules covered:

- potential hazards associated with lasers and intense light sources
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

Mr Wallace has overall on-site responsibility for safety during laser treatments and his details were recorded within the local rules.

Mr Wallace is the only authorised operator and has signed to state that he has read and understood the local rules.

The practice has a laser register which is completed every time the equipment is operated. A review of the laser register included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

It was confirmed that a health questionnaire is completed and verbal consent obtained for all patients and a record retained within their individual care records. Following the inspection Mr Wallace was advised to obtain written consent for each patient being treated.

The laser was located in one of the first floor surgeries, which was found to be controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

A laser safety warning sign is used on the door of the identified surgery, and displayed when the laser is in use and removed when not in use as described within the local rules. When the equipment is in use, the safety of all persons in the controlled area is the responsibility of Mr Wallace. It was confirmed that the entrance door to the surgery is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. An access code is required to operate the laser which is only known by Mr Wallace.

Following the inspection RQIA received evidence to confirm that the laser equipment had been serviced on 13 November 2018 in accordance with manufacturer's instructions.

Protective eyewear was available for the patient, operator and dental nurse as outlined in the local rules.

A carbon dioxide (CO<sub>2</sub>) extinguisher suitable for electrical fires was available outside the door of the surgery.

### **Areas of good practice**

A review of laser safety arrangements evidenced that the LPS for this practice takes a proactive approach to the management of laser safety.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	0	0

## 5.8 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 Wallace and Mr Gibson are both in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

## 5.9 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.

## 5.10 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All of the 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 of the patients indicated that they were either satisfied or very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Always happy enough to visit my dentist.”
- “Always very helpful and friendly.”
- “Excellent service and dental care.”
- “Have been with this practice for 30+ years. Current care and previous care always excellent.”
- “Was paid by universal credit so took a long time for agreement for treatment to come through, no one seemed aware of process. Government problem, not clinic.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three staff submitted questionnaire responses to RQIA. All of the staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All of the staff indicated that they were either satisfied or very satisfied with each of these areas of patient care. No comments were included in the submitted questionnaire responses.

## 5.11 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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