Announced Care Inspection Report
24 July 2019

Ballyholme Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 22A Groomsport Road, Bangor, BT20 5LN
Tel No: 028 9146 5625
Inspector: Norma Munn

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
- 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

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Ms Lisa Light	**Registered Manager:** Ms Lisa Light
Person in charge at the time of inspection: Ms Lisa Light	**Date manager registered:** 25 October 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Action/enforcement taken following the most recent inspection dated 22 May 2018

The most recent inspection of the establishment 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 22 May 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 24 July 2019 from 10.00 to 13.20.

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 Lisa Light, registered person, a dental foundation (DF1), two practice managers and the decontamination lead dental nurse. A tour of some areas of the premises was also undertaken.

One area for improvement against the regulations has been made to ensure that all recommendations outlined in the most recent radiation protection advisor (RPA) report are addressed.

The findings of the inspection were provided to Ms Light, 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.

Emergency medicines were stored in a locked cupboard. On enquiry, staff confirmed that the cupboard was kept locked at all times and the key was retained nearby. The importance of ensuring that emergency medicines are readily available was discussed and it was advised that the practice of storing these in a locked cupboard should cease with immediate effect. Ms Light agreed to address this issue.

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.

It was confirmed that conscious sedation is provided in this practice and all members of the dental team providing treatment under conscious sedation have undertaken training in immediate life support during February 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 ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No additional 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 Light confirmed that conscious sedation is provided in the form of oral sedation, inhalation sedation known as relative analgesia (RA) and IV sedation. Ms Light confirmed that oral and IV sedation is only provided to persons over the age of 18. Ms Light also confirmed that the types of sedation are provided in isolation of each other and never used in combination. The oral sedation provided involves the use of an oral premedication usually taken the night before or one hour before the procedure. It was advised that the use of oral sedation is included in the conscious sedation policy and used in accordance with best practice.

A policy and procedure in relation to the management of conscious sedation was in place. Minor amendments were made to the policy following the inspection.

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) which is the best practice guidance document endorsed in Northern Ireland.

Review of three care records evidenced that the consent for treatment; pre, peri and post clinical observations were recorded. The consent forms reviewed did not have a record of the date the consent had been given. Information was available for patients in respect of the treatment provided and aftercare arrangements. However, there was no record of the reason for using sedation in the care records reviewed. The issues identified in relation to the care records were discussed and Ms Light agreed to address these issues.

Ms Light confirmed that she is the only dentist providing treatment under conscious sedation in the practice and is assisted by two dental nurses. Ms Light confirmed that she had previously undertaken formal training in conscious training and has been providing conscious sedation for over 20 years. It was established that all of the dental nurses providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. Ms Light and the two dental nurses had undertaken refresher training in conscious sedation facilitated by the Northern Ireland Medical and Dental Training Agency (NIMDTA) during February 2018 and records had been retained.

A review of records and discussion with staff confirmed that the RA equipment had been serviced during October 2018 in keeping with manufacturer's instructions. Staff 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.

Discussion took place with Ms Light and staff regarding the arrangements in respect of the management of medicines used during IV sedation. Midazolam, which is a Schedule 3 controlled drug, is the medicine used to provide IV treatments. Midazolam medication used during IV sedation was stored in a locked cabinet however; the key to the locked cupboard was easily accessed by all staff. The security of this arrangement was discussed in detail and the current arrangements were required to be reviewed to ensure that there was a robust system in place for the storage of Midazolam in order to prevent unauthorised access.

Ms Light agreed to review the current arrangements and record any changes in the conscious sedation policy. Following the inspection RQIA received a copy of the conscious sedation policy with the revised arrangements included.

A system was in place for the ordering, administration, reconciliation and disposal of Midazolam. Stock balance records were reviewed and reconciled. Staff advised that the administration to the patient is recorded on the care records and the names of the dentist and dental nurse involved in each administration is also recorded in the care records.

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

No additional areas for improvement were identified during the inspection.

	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 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. An action plan was generated to address the areas that required improvement. The audits are carried out by the lead dental nurse and any learning identified as a result of these audits is shared with staff as they arise.

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 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. Some of the paint was flaking off the walls in the decontamination room and it was advised that the walls are repainted to ensure effective cleaning can take place. Ms Light agreed to address this issue.

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 and two steam sterilisers 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 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 three surgeries, each of which has an intra-oral x-ray machine.

Ms Light is the radiation protection supervisor 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. Ms Light 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 on 13 August 2018 by the RPA did not evidence that the recommendations made have been addressed. On discussion it was established that the majority of the recommendations had been addressed but not signed or dated as actioned. This was discussed and Ms Light agreed to address this issue. An area for improvement has been made against the regulations.

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

Any recommendations outlined in the most recent RPA report should be addressed and evidence recorded in the radiation protection file.

	Regulations	Standards
Areas for improvement	**1**	**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. It 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 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 had been retained. The records did not include the outcome of the complaint or the complainant's level of satisfaction. This was discussed and it was agreed that this information would be sought and retained. Following the inspection RQIA received further information that the template to record complaints had been amended to include an area to record the outcome of the complaint or 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 additional 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.

Ms Light 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

Nineteen 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. A comment made in one of the submitted questionnaire responses was discussed with Ms Light regarding a breach of confidentiality. Ms Light has agreed to investigate and address this issue. One further comment made is as follows:

- "Great service."

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Eight staff submitted questionnaire responses to RQIA. Six of the staff indicated that they felt patient care was safe, effective, that patients were treated with compassion, that the service was well led and were either satisfied or very satisfied with each of these areas of patient care.

Two staff members indicated a neutral response in relation to patient care being safe and were either unsatisfied or very unsatisfied in relation to patient care being effective and the service being well led. One staff member indicated a neutral response in relation to patient care being compassionate. A negative comment was made in the submitted questionnaire responses regarding the management of the practice.

The responses and comment in the questionnaires were discussed with Ms Light who confirmed she will discuss these with staff and request that any issues of concern are brought to her attention.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**0**

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with Ms Light 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 area 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 3 **Ref:** Regulation 15 (1) (b) **Stated:** First time **To be completed by:** 24 August 2019	The registered person shall ensure that all recommendations outlined in the most recent radiation protection advisor (RPA) report are addressed and evidence recorded in the radiation protection file. Ref: 5.5
	Response by registered person detailing the actions taken: The RPA Report has been addressed since inspection and evidence is now recorded in the Radiation Protection File

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

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