

# Announced Care Inspection Report 13 December 2018



## Bangor Dental Care Ltd

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

**Address: 1 Moira Drive, Bangor BT20 4RN**

**Tel No: 028 9146 3131**

**Inspector: Norma Munn**

[www.rqia.org.uk](http://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 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> Bangor Dental Care Ltd  <b>Responsible Individual:</b> Mr James Rooney	<b>Registered Manager:</b> Mr James Rooney
<b>Person in charge at the time of inspection:</b> The practice manager	<b>Date manager registered:</b> 9 January 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

## 4.0 Action/enforcement taken following the most recent inspection dated 7 February 2018

The most recent inspection of Bangor Dental Care Limited was an announced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 7 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (3)  <b>Stated:</b> First time	The registered person shall ensure that the procedure in relation to the transportation and storage of reusable dental instruments is reviewed in keeping with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of decontamination procedures confirmed that the transportation and storage of reusable dental instruments has been reviewed and is in keeping with best practice guidance.	
<b>Action required to ensure compliance with The Minimum Standards</b>		<b>Validation of</b>

for Dental Care and Treatment (2011)		compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time	The registered person shall ensure that the fire risk assessment recently undertaken is reviewed and any recommendations made therein are addressed within the timeframes specified. Records should be retained for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of documentation and discussion with staff confirmed that the fire risk assessment has been reviewed and any recommendations made have been addressed within the timeframes specified. Records have been retained.	

## 5.0 Inspection findings

An announced inspection took place on 13 December 2018 from 13.45 to 14.45. Mr Rooney, responsible individual, was not present during the inspection and the inspection was facilitated by the practice manager and a dental nurse.

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 the practice manager, an associate dentist, a dental nurse and a trainee dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to 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 March 2018.

Relative Analgesia (RA) sedation, using nitrous oxide gas, is available for patients who are assessed as needing it. RA sedation arrangements were reviewed and it was confirmed that the equipment used to deliver the RA sedation had been serviced during 2018. A nitrous oxide risk assessment had been undertaken to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

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 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. Issues were identified in the environment that relate to infection prevention and control as follows:

- a damp area was observed on the wall in surgery one
- a gap was observed in the floor covering in surgery one where a new chair has been recently installed

An area for improvement against the standards has been made.

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 2018 carried out by the practice manager and one of the dental nurses, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The practice manager confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again during 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.

**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**

The issues identified in relation to infection prevention and control should be addressed.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	<b>0</b>	<b>1</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 a review of the most recent IPS audit, completed during December 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 disinfectant 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.

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

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine.

The practice manager confirmed that Mr Rooney is the radiation protection supervisor (RPS). The practice manager and staff were 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. The practice manager confirmed that Mr Rooney 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.

It was confirmed that Mr Rooney 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

### 5.5 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 staff.

### 5.6 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 also indicated that they were either satisfied or very satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses are as follows:

- “Friendly staff, always welcoming and make me feel at ease.”
- “Happy staff, great practice.”
- “Very good attention and care. Receptionist also very obliging and pleasant.”
- “Excellent dental team, super friendly and professional!”
- “Myself and three other members of my family moved to this practice last year. The care here is much better than our previous dentist.”
- “A very well run practice.”
- “I can always count on the teams help when in pain and sorting me out. Great young dentists are a plus also. Very good team.”
- “Always treated with care and consideration.”
- “Excellent service and customer care. Very attentive team.”
- “Lovely team of staff.”
- “Would not go anywhere else. James is very good.”
- “Lovely team, very helpful.”



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

Comments included in the submitted questionnaire responses are as follows:

- “Good team that work well.”
- “Great place to work. Strong team and happy staff.”
- “Very happy working here. Team work is great from all nursing staff! Everyone is so helpful and work well together. Small team but hard working!!”

**5.7 Total number of areas for improvement**

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

**6.0 Quality improvement plan**

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with 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)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 February 2019</p>	<p>The registered person shall ensure the following issues identified in relation to infection prevention and control are addressed:</p> <ul style="list-style-type: none"> <li>• the cause of the damp area on the wall in surgery one should be investigated and made good</li> <li>• the gap in the floor covering surrounding the newly installed dental chair in surgery one should be sealed to ensure effective cleaning can take place</li> </ul> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The damp area is being dealt with and monitored.</p> <p>We are currently sourcing a contractor for the floor to be fixed. This was unable to be completed within the time frame due to the financial cost to the practice.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews