

Announced Care Inspection Report 12 November 2019



Bowen Dental (Stewartstown Road)

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

Address: 25 Stewartstown Road, Belfast, BT11 9FY

Tel No: 028 9028 3800

Inspector: Bridget Dougan

www.rgia.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 two registered places. The dental practice has three dental chairs, two of which are in use and registered. Mr Bowen is aware that, should the third surgery be made operational and used for the provision of private dental care and treatment, an application of variation should be submitted to RQIA to increase the number of dental chairs registered.

3.0 Service details

Responsible Person: Mr David Bowen	Registered Manager: Ms Francine Doyle
Person in charge at the time of inspection: Ms Francine Doyle	Date manager registered: 10 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 07 February 2019

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 12 November 2019 from 10.30 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).

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

During the inspection the inspector met with Ms Francine Doyle, registered manager, one dentist, two dental nurses and one receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Doyle 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 in the main emergency medicines in keeping with the British National Formulary (BNF), were retained. Two doses of Adrenaline were provided in 150 micrograms and two doses in 300 micrograms. Adrenaline should be available in three doses; 150 micrograms, 300 micrograms and 500 micrograms and a sufficient supply should be available to administer a second dose to the same patient if required. A discussion took place in relation to the various doses and quantity of Adrenaline needed as recommended by the Health and Social Care Board (HSCB) and BNF. Ms Doyle confirmed, prior to the conclusion of the inspection that additional stock of Adrenaline had been ordered, to ensure adherence to HSCB and BNF guidance.

Discussion took place in relation to the storage and expiry dates of the Glucagon injection kit. It was observed that the GlucaGen HypoKit was stored in the refrigerator, however daily refrigerator temperatures had not been recorded. If the GlucaGen HypoKit is stored in a refrigerator, daily fridge temperatures must be taken and recorded to evidence that it has been stored within 2 – 8 degrees Centigrade in accordance with manufacturer's instructions. Ms Doyle provided assurances that a system would be put in place to record the daily fridge temperatures.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A 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 November 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.

Ms Doyle confirmed that conscious sedation is not provided.

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 July 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Doyle confirmed that should the audit identify areas for improvement, an action plan would be generated to address the identified issues and that learning from audits is shared with staff at the time and discussed during staff meetings.

The audits are carried out by the lead dental nurse on a six monthly basis. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

Review of the staff register identified that the most recently recruited staff member commenced work during September 2019. Review of personnel records in relation to this staff member demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by an occupational health department. Ms Doyle confirmed that all clinical staff members, new to dentistry, are referred to occupational health.

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.

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 disinfectant 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. However, as stated previously, only two of the surgeries are operational.

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.

A dedicated radiation protection file containing all relevant information was in place. The RPS regularly reviews the information contained within the file to ensure that it is current.

Ms Doyle advised that an intra-oral x-ray machine had been decommissioned and a new intra-oral x-ray machine had been installed in surgery one in October 2019. A critical examination and acceptance test had been undertaken by the RPA at that time. 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.

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

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 which 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 the patient's guide and 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 documentation and discussion with Ms Doyle evidenced that no complaints have been received since the previous inspection.

It was evidenced that appropriate arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party.

Ms Doyle 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. Ms Doyle confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision if necessary.

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 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 Doyle advised that the responsible person, Mr David Bowen, is not in day to day charge of the practice and that Regulation 26 unannounced quality monitoring visits had not been completed. An area for improvement has been made against the regulations.

Areas for improvement

Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months in accordance with the legislation.

	Regulations	Standards
Areas for improvement	1	0

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 Ms Doyle.

5.9 Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. Twelve patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Twelve patients indicated that they were very satisfied with each of these areas of their care. One patient indicated that they felt their care was not safe, effective or well led and were dissatisfied with these aspects of their care. Their responses indicated that they were neither satisfied nor dissatisfied that their care was compassionate.

The patient questionnaire responses were shared with Ms Doyle who confirmed that she would discuss the questionnaire responses with the responsible person and with staff.

Seven staff submitted questionnaire responses to RQIA. All seven staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All seven staff indicated that they were either satisfied or very satisfied with each of these areas of patient care.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	0

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with Ms Doyle, registered 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 Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 26</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered provider shall ensure that visits to the dental practice are undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report is produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan is developed to address any issues identified which include timescales and the person responsible for completing the action.</p> <p>Ref: 5.7</p>
	<p>Response by registered person detailing the actions taken: This has been noted and will be implemented in moving forward</p>

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



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