

# Announced Care Inspection Report 9 October 2018



## Braden Dental Care

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

**Address: 380 Ormeau Road, Belfast BT7 3HX**

**Tel No: 028 9049 1333**

**Inspector: Emily Campbell**

[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 three registered places.

## 3.0 Service details

<b>Organisation/Registered Providers:</b> Mr James Braden Mrs Helen Braden	<b>Registered Manager:</b> Mr James Braden
<b>Person in charge at the time of inspection:</b> Mr James Braden	<b>Date manager registered:</b> 23 September 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 21 December 2017

The most recent inspection of Braden Dental Care 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 21 December 2017

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 9 October 2018 from 10:00 to 12:15.

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 Mr James Braden and Mrs Helen Braden, registered persons; an associate dentist; three dental nurses; and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Braden 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) were retained. Buccolam pre-filled syringes were available in 5mg and 10mg doses for administration to patients in the event of status epilepticus. It was agreed that 2.5mg doses should also be provided to ensure accurate administration of dosages to all age groups. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of a self-inflating bag with reservoir suitable for use with a child. Mr Braden confirmed by email on 10 October 2018, that this and Buccolam 2.5mg had been ordered.

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 the week prior to the inspection.

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.

Inhalation sedation was available in one surgery in the practice, however, Mr Braden confirmed during the inspection and by email on the day following the inspection that this service will no longer be provided.

### Areas of good practice

The review of the arrangements in respect of the management of a medical emergency and information received following the inspection 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.

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 management. The version of HTM 01-05 retained was not the most recent 2013 edition; however, Mr Braden confirmed by email on 10 October 2018, that a copy of the 2013 edition had been obtained.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. Mr Braden confirmed by email on the day following the inspection that safer sharps had been ordered and will be used by all clinicians when received.

A review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the lead decontamination nurse and staff confirmed that the findings of audits are discussed at staff meetings. It was suggested that the audits be carried out by the dental nurses on a rotational basis. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice and provide the staff members with verifiable Continuing Professional Development (CPD).

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

### 5.3 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.

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. Some instruments are manually cleaned before being processed through the washer disinfectant; however, a long handled brush was not available for this purpose. It was confirmed following the inspection that long handled brushes had been provided.

Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers, 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. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of recording the detail of the daily automatic control test (ACT) for the DAC Universal and sterilisers and carrying out and recording a protein residue test weekly on the DAC Universal. Mr Braden confirmed by email on the day following the inspection that these areas had been addressed.

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 and information provided following the inspection 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 three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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.

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

## 5.5 Additional areas reviewed

### Registration status

The practice is currently registered with RQIA as a partnership. Mr Braden informed the inspector following the inspection that the practice has now incorporated. As this represents a new entity, a new application for registration should be submitted to RQIA. Mr Braden has requested information from RQIA to progress this application.

## 5.6 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 Braden and staff.

## 5.7 Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Thirteen patients indicated that they were very satisfied and one patient indicated they were satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “I have received excellent care from both the dental team and the reception staff. The staff team are highly professional and proficient but are also approachable, friendly and warm.”
- “This is the best Dentist practice and Dentist I’ve ever had. Jim is fantastic, first class.”
- “So professional and gentle. The standard of care is exceptional.”
- “The staff are very good. I have no complaints.”

Eight staff submitted electronic questionnaire responses to RQIA; however, one staff member did not complete any responses. Of the seven responses received, five staff indicated that they were either satisfied or very satisfied that the patient care was safe and effective, that patients were treated with compassion and the service was well led. Two staff members indicated they were very unsatisfied with each of these four domains. This was discussed with Mr Braden, who considered that staff may have inadvertently completed the wrong boxes in the survey; however, he agreed to discuss this with staff. Staff spoken with during the inspection indicated a good level of satisfaction with the care in the practice. The following comment was provided in a submitted questionnaire response:

- “Very happy working here.”

## 5.8 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.





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)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care