

# Announced Care Inspection Report

## 5 March 2020



## {my}dentist, Thomas Street

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

**Address: 45 Thomas Street, Portadown, Craigavon, BT62 3AF**

**Tel No: 028 3833 2656**

**Inspector: Steven Smith**

[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 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 five registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> IDH Acquisitions Limited	<b>Registered Manager:</b> Ms Natalie Bowbanks
<b>Responsible Individual:</b> Ms Krista Whitley	
<b>Person in charge at the time of inspection:</b> Ms Natalie Bowbanks	<b>Date manager registered:</b> 13 November 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Five

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

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 5 March 2020 from 10:00 to 13:00.

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 Natalie Bowbanks, registered manager, two associate dentists, two dental nurses and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Bowbanks at the conclusion of the inspection.

## 5.1 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 July 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 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 Bowbanks confirmed that inhalation sedation, known as relative analgesia (RA), is offered by one dentist in this practice.

A policy and procedure in relation to the management of conscious sedation is in place. 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).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. A nitrous oxide risk assessment had been completed 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.

### 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 areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.3 Infection prevention and control

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 December 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by the lead dental nurse and Ms Bowbanks confirmed that any learning identified as a result of these audits is shared at 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.

Review of personnel records demonstrated that evidence of the Hepatitis B vaccination status of clinical staff was retained. These records had either been generated by the staff member's GP or by an occupational health department. Ms Bowbanks confirmed that all newly recruited clinical staff members, new to dentistry, were automatically 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

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, in general, 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. However, dental handpieces were not being processed through the washer disinfectant. Ms Bowbanks confirmed that the washer disinfectant was not equipped with the necessary components required to process handpieces. Observations made confirmed that some handpieces are compatible with the washer disinfectant. In accordance with HTM 01-05 and the DoH Professional Estates Letter (PEL) (13) 13 Addendum 1, compatible dental handpieces must be processed using an automated validated process. An area for improvement against the standards has been made in this regard.

Appropriate equipment, including a washer disinfectant and two steam sterilisers, has been provided to meet the practice requirements. Ms Bowbanks confirmed that the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination, however the validation report for one of the steam sterilisers, which was installed in November 2019, was not available for review. This document was subsequently submitted to RQIA following the inspection. 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, generally, 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

Dental handpieces, which are compatible with the washer disinfectors, should be decontaminated using this process

	Regulations	Standards
Areas for improvement	0	1

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition, there is a cone beam computed tomography (CBCT) machine which is located in a separate room.

Ms Bowbanks confirmed that the radiation protection supervisors' (RPS's), who are dentists working in the practice, 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 RPS's regularly review the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years for the intra-oral x-ray machines and annually for the CBCT. A review of the most recent RPA reports, and discussion with Ms Bowbanks, demonstrated that all recommendations made have been addressed. Ms Bowbanks was advised to ensure that the RPS's regularly update the relevant sections of the RPA report to confirm the completion of recommendations, and readily agreed to do so.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Ms Bowbanks confirmed that 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
Areas for improvement	0	0

### 5.6 Complaints management

There was a complaints policy and procedure in place. Minor amendments were made to the policy and procedure during the inspection to ensure it 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 the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Ms Bowbanks confirmed that, whilst the practice has not received a complaint since the last care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary. Ms Bowbanks also 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.

## 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

A visit by the registered provider was undertaken during November 2019, as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.



## Areas of good practice

A review of reports generated to document the findings of Regulation 26 visits evidenced that the visits were in keeping with the legislation.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 5.8 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

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. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in the returned patient questionnaires indicated a high level of satisfaction with the treatment, care and service provided by {my}dentist, Thomas Street.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

### 5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

### 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 Natalie Bowbanks, 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 the area for improvement identified within the QIP is 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 Minimum Standards for Dental Care and Treatment (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 2 April 2020	<p>The Registered Person shall ensure that dental handpieces are decontaminated in accordance with the manufacturer's instruction and Professional Estates Letter (PEL) (13) 13. Compatible dental handpieces should be processed using an automated, validated system.</p> <p>Ref: 5.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All dental handpieces are being decontaminated as per manufacturers recommendation and compatible handpieces are processed through the washer disinfectant. Refresher training has been given to all staff members and recorded</p>

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



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