

# Announced Care Inspection Report 31 July 2019



## Camlough Dental Practice Ltd

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

**Address: 27 Main Street, Camlough, Newry, BT35 7JG**

**Tel No: 028 3083 8585**

**Inspector: Winnie Maguire**

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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 four registered chairs.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Camlough Dental Practice Ltd  <b>Responsible Individual:</b> Ms Aileen M Campbell	<b>Registered Manager:</b> Ms Aileen M Campbell
<b>Person in charge at the time of inspection:</b> Mrs Nicky McArdle	<b>Date manager registered:</b> 26/03/2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 4.0 Action/enforcement taken following the most recent inspection dated 21 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 21 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 31 July 2019 from 09.45 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 Mrs Nicky McArdle, practice manager, and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs McArdle 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 on 7 October 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
<b>Areas for improvement</b>	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. Mrs McArdle confirmed that conscious sedation is provided in the form of inhalation sedation, known as relative analgesia (RA). The practice does not offer oral sedation or intravenous sedation (IV) to patients.

A review of records and discussion with Mrs Mc Ardle confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. A formal nitrous oxide risk assessment had not 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. An area of improvement against the standards has been made in this regard.

A policy and procedure in relation to the management of RA sedation was updated immediately following inspection and submitted to RQIA.

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 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.

Mrs McArdle confirmed that all dentists are involved in providing RA sedation and are assisted by all of the dental nurses. Training records were reviewed to evidence that the dental nurses have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice and that all dental staff had undertaken update training on 'the aims, objectives and principles of RA sedation' in April 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

A nitrous oxide risk assessment should be 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.

	Regulations	Standards
Areas for improvement	0	1

## 5.3 Infection prevention and control

### Infection prevention and control (IPC)

During a tour of some 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 on during February 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.

The audits are carried out by the infection prevention control link dental nurse with the involvement of the team. Discussion with Mrs McArdle and the dental nurse confirmed that any learning identified as a result of these audits is shared immediately if necessary and at practice meeting.

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
<b>Areas for improvement</b>	0	0

**5.4 Decontamination of reusable dental instruments**

**Decontamination of reusable dental instruments**

Decontamination rooms separate from patient treatment areas and dedicated to the decontamination process, were available. Two separate decontamination rooms facilitate the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments by use of a connecting hatchway.

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, a DAC Universal, 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
<b>Areas for improvement</b>	0	0

**5.5 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has four 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.

Mrs McArdle confirmed that Ms Aileen Campbell, the radiation protection supervisor, 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 Campbell 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

## 5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (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.

The practice has not received any complaints in the last year. It was confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints 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.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these 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

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 Aileen Campbell, registered person, 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 Mrs McArdle.

It was confirmed that arrangements are not yet in place to implement the collection of equality data within the practice and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

## 5.9 Patient and staff views

Twenty 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 submitted patient questionnaire responses are as follows:

- “Great practice.”
- “Fantastic team. I have been coming here for years.”
- “Very professional. All treatment is fully explained in step by step fashion. Staff are very helpful. You can always get an appointment when you need it. Very clean and tidy.”
- “Always professional and friendly.”
- “I have been coming here for nearly 20 years and always been happy.”
- “Great care always.”

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

The following comment was included in submitted staff questionnaire response:

- “Good atmosphere and team spirit. Enjoyable place to work and to be a visiting patient.”

**5.10 Total number of areas for improvement**

	Regulations	Standards
Total number of areas for improvement	0	1

**6.0 Quality improvement plan**

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mrs McArdle, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure that a nitrous oxide risk assessment is 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.</p> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The nitrous oxide risk assessment is now completed and identifies risks and control measures in keeping with the NIAIC alert issued in 2017. A copy is available on request.</p>

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



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