

Announced Care Inspection Report 05 September 2019



Causeway Dental

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

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Inspector: Carmel McKeegan

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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, 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

Organisation/Registered Provider: Mr Robin Alexander and Mr David Wilson	Registered Manager: Mr David Wilson
Person in charge at the time of inspection: Mr David Wilson	Date manager registered: 04 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Action/enforcement taken following the most recent inspection dated 08 June 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 08 June 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 5 September 2019 from 10:15am to 12:30pm.

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 David Wilson, registered person, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken. The practice manager facilitated the inspection.

One area of improvement was made against the standards to develop a policy and procedure in relation to the management of conscious sedation.

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) were retained. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways in sizes 0,1,2,3 and 4. The practice manager confirmed that the airways would be ordered immediately following the inspection and on 19 September 2019 RQIA received confirmation by email that oropharyngeal airways in sizes 0,1,2,3 and 4 were in place.

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 22 November 2018 and arrangements were in place for this training to take place during November 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.

The practice manager confirmed that conscious sedation is provided using intravenous (IV) sedation which is only offered to persons over the age of 18 and inhalation sedation, known as relative analgesia (RA) which can be offered to children. Mr Wilson and an associate dentist provide IV and RA sedation and another associate dentist provides only RA sedation.

It was identified that a policy and procedure in relation to the management of conscious sedation had not yet been developed. An area for improvement against the standards has been made. The best practice guidance document pertaining to the provision of conscious sedation in Northern Ireland is entitled 'Conscious Sedation in The Provision of Dental Care (2003)'. This document was discussed and the practice manager readily agreed to implement a conscious sedation policy and procedure in keeping with best practice guidance.

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.

As previously discussed, RA is offered in this practice as a form of sedation. A review of records and discussion with the practice manager confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. It was confirmed that 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.

Discussion took place with Mr Wilson and staff regarding the arrangements in respect of the management of medicines used during IV sedation. Midazolam, which is a Schedule 3 controlled drug, is the medicine used to provide IV treatments. It was confirmed that storage arrangements in respect of all medicines to be used during conscious sedation treatments were appropriate. A system was in place for each individual dentist, providing this type of sedation, for the ordering, administration, reconciliation and disposal of these drugs.

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 policy and procedure in relation to the management of conscious sedation should be developed in keeping with best practice.

	Regulations	Standards
Areas for improvement	0	1

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 flooring in one dental surgery was torn in places; the practice manager confirmed that new flooring had already been ordered for this dental surgery.

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 19 March 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. An action plan had been developed and any learning shared with staff at the time. It was confirmed that an IPS audit will be undertaken on or before 19 September 2019 in accordance with the six monthly timescale stated in HTM 01-05.

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 staff records demonstrated that records were retained to evidence the Hepatitis B vaccination status for all clinical staff. These records had either been generated by the staff member's General Practitioner (GP) or by an occupational health department. The practice manager was aware that newly recruited clinical staff members new to dentistry must be 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.

As discussed a review of the most recent IPS audit, completed during March 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.

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, 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

5.5 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 machine (CBCT) which is located in a dedicated room.

The practice manager confirmed that an associate dentist who is 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.

Two separate dedicated radiation protection files in respect of the intra-oral x-ray units and the CBCT, containing all relevant information, were in place. The RPS regularly reviews the information contained within each file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years for the intra-oral machines and annually for the CBCT. A review of each of the reports of the most recent visits 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.

There have been no complaints since the previous inspection; however, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was 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.

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.

Mr Wilson, 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 the practice manager who confirmed that equality data collected was managed in line with best practice.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 very satisfied with each of these areas of their care. The following comment was made in a submitted patient questionnaire;

- 'Fantastic'

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

An area for improvement identified during this inspection is detailed in the QIP. Detail of the QIP was discussed with the practice manager as part of the inspection process. The timescale commences 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 action taken to address the area for improvement identified. The registered provider should confirm that this action has 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>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2019</p>	<p>The registered person shall ensure that a policy and procedure in relation to the management of conscious sedation is developed in keeping with best practice.</p> <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I can confirm that we have now put in place a policy and procedure in relation to the management of conscious sedation.</p> <p>Also in relation to point 5:9 I can confirm that the majority of staff did complete the questionnaire. I can only surmise there was a technical fault. I did it myself. Thanks</p>

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



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