Announced Care Inspection Report
06 September 2019

Cavity Corner Ltd

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 236 Antrim Road, Belfast, BT15 2AN
Tel No: 028 9074 9679
Inspector: Carmel McKeegan

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: Cavity Corner Ltd **Responsible Individual:** Mr Brian McMaster	**Registered Manager:** Mr Brian McMaster
Person in charge at the time of inspection: Mr Brian McMaster	**Date manager registered:** 16 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Five

4.0 Action/enforcement taken following the most recent inspection dated 22 June 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 22 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 15 (5) **Stated:** First time	The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr McMaster and staff confirmed that compatible dental handpieces are processed in the washer disinfector.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that Buccolam pre-filled syringes and Adrenaline are provided in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the British National Formula.	**Met**
	Action taken as confirmed during the inspection: Review of emergency medicines confirmed that Buccolam in pre-filled syringe format and Adrenaline are provided in the various doses and quantities as recommended by the HSCB and the British National Formula (BNF).	
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time	The registered person shall ensure that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 06 September 2017 is completed. Any areas of improvement identified in the risk assessment should be addressed and records retained.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that a nitrous oxide risk assessment had been undertaken as outlined and this is reviewed annually.	
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that an illuminated magnifier is provided in the decontamination room and correctly positioned to ensure the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments is maintained.	**Met**
	Action taken as confirmed during the inspection: Review of the decontamination process for the decontamination of reusable dental instruments confirmed that an illuminated magnification device was provided and correctly positioned, however this was a small hand held device and was not fully operational. It was suggested that an electronic hands-free illuminated magnification device would be more suitable for this busy	

	decontamination room which serves five surgeries. At the end of the inspection the practice manager confirmed that an electronic illuminated magnification device had been ordered and would be correctly positioned upon installation to ensure the flow from dirty through to clean areas is maintained.	
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that the ventilation filters in the decontamination room are regularly cleaned and documented in the record of cleaning. Disposable aprons should be available with the other personal protective equipment at the hand washing facilities in the decontamination room. Consideration should be given to providing a wall mounted disposable apron dispenser.	**Met**
	Action taken as confirmed during the inspection: The ventilation filters were clean and were included in the cleaning schedule. Disposable aprons and gloves were provided in a wall mounted dispenser.	
Area for improvement 5 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that all periodic tests as outlined in HTM 01-05 are undertaken and recorded for each piece of equipment used in the decontamination process.	**Met**

	Action taken as confirmed during the inspection: Discussion with staff and review of records confirmed that periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 had been undertaken and recorded for each piece of equipment used in the decontamination process.	
Area for improvement 6 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that a dedicated individual logbook for each of the machines used in the decontamination process is established and periodic test records retained in the associated logbook. Consideration should be given to the implementation of a pre-printed logbook for each machine.	**Met**
	Action taken as confirmed during the inspection: An Individual logbook for each of the machines used in the decontamination process was in place.	
Area for improvement 7 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that the IPS audit tool is revisited to ensure to ensure that the decontamination process of reusable dental instruments is in line with best practice outlined in HTM 01-05. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.	Met
	Action taken as confirmed during the inspection: A review of the most recent Infection Prevention Society (IPS) audit, completed on 2 May 2019 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Staff confirmed that any learning identified as a result of these audits is shared during staff meetings.	

5.0 Inspection findings

An announced inspection took place on 6 September 2019 from 10.00 to 12.45.

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 Brian McMaster, responsible individual, the practice manager, a dental nurse and two receptionists. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr McMaster 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 BNF were retained. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). Mr McMaster confirmed that formal arrangements have been established to ensure the practice has timely access to an AED which is located in another dental practice within close proximity. It was confirmed that a risk assessment had been undertaken to ensure the AED could be accessed within three minutes of collapse in accordance with the Resuscitation Council (UK) guidelines. The medical emergency protocols had been updated in this regard and discussion with staff demonstrated they were knowledgeable on how to access the AED.

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 14 September 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.

Mr McMaster confirmed that conscious sedation is provided. Inhalation sedation, known as relative analgesia (RA) is offered in this practice as a form of sedation.

It was confirmed that an overarching conscious sedation policy had not yet been developed. Mr McMaster was advised that the policy should include arrangements in respect of the types of conscious sedation provided, the age range of patients, training of the dental team, sedation equipment/medication, factors that would exclude patients from receiving conscious sedation, preparation for sedation, sedation procedures and recording keeping. On 12 September 2019 RQIA received a copy of the newly developed conscious sedation policy from Mr McMaster.

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 treatment 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. Discussion took place regarding the need for refresher training and continuous professional development (CPD) in this area. Mr McMaster stated that all the dentists were keen to meet best practice guidance and that records of CPD would be retained.

A review of records and discussion with the lead clinical nurse confirmed that arrangements have been established to ensure the RA equipment is serviced annually. Mr McMaster 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.

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

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 HTM 01-05: Decontamination in primary care dental practices using the 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.

As previously discussed, review of the most recent IPS audit, completed on 2 May 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The practice manager confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again during 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 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 on 2 May 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 and a steam steriliser**,** 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.

Mr McMaster confirmed that an associate dentist is the radiation protection supervisor (RPS) for the practice and that they were aware of the most recent changes to the legislation surrounding radiology and radiation safety.

A dedicated radiation protection file containing all relevant information was in place and records confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

The appointed RPA completes a quality assurance check every three years. A report of the most recent visit by the RPA on 24 July 2019 was provided however it was noted that a record had not been completed to demonstrate that the recommendations made by the RPA had been addressed. Mr McMaster stated that the report had only recently been provided to the practice and the RPS had been on annual leave. Mr McMaster stated the RPS would attend to this matter at the earliest opportunity and on 12 September 2019 RQIA was provided with documentary evidence that the recommendations made within the RPA report dated 24 July 2019 had been addressed.

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

Mr McMaster stated that the RPS and all associate dentists take a proactive approach to radiation safety and protection by ensuring that a range of audits, including x-ray quality grading and justification and clinical evaluation recording are undertaken. Records of audits undertaken were retained for inspection.

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 McMaster 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

Five 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 also indicated that they were very satisfied with each of these areas of their care.

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	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.

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