

# Announced Care Inspection Report 23 January 2020



## Stormont Dental Care Limited

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 502 Upper Newtownards Road, Belfast BT4 3HB**  
**Tel No: 028 9065 3678**  
**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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Stormont Dental Care Limited  <b>Responsible Individual:</b> Ms Louise Taggart	<b>Registered Manager:</b> Ms Louise Taggart
<b>Person in charge at the time of inspection:</b> Ms Louise Taggart	<b>Date manager registered:</b> 17 August 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 14 August 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 14 August 2018

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

An announced care inspection took place on 23 January 2020 from 10.00 to 12.30.

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 Louise Taggart, responsible individual, an associate dentist, the practice manager and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Taggart 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 during 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
<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.

Ms Taggart confirmed that two types of conscious sedation are provided in the practice, intravenous (IV) sedation and inhalation sedation, known as relative analgesia (RA). Two dentists provide sedation in the practice and it was confirmed that IV sedation is only offered to persons over the age of 18.

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 policy and procedure in relation to the management of conscious sedation was in place, however this required further development to ensure that all relevant components were included in keeping with Conscious Sedation in the Provision of Dental Care (2003). A revised policy was submitted to RQIA on 24 January 2020.

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.

The RA equipment had been serviced in keeping with manufacturer's instructions and 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.

Medicines used during IV sedation were appropriately stored. 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

Further to information submitted following the inspection, no areas for improvement were identified.

	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 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 August 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 Ms Taggart in partnership with dental nursing staff and it was 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.

It was confirmed 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 should be used so far as is reasonably practicable. A risk assessment has been undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them.

Evidence of Hepatitis B vaccination status was retained in the practice for all clinical staff. These records had either been generated by the staff member's GP or by an occupational health department. Ms Taggart confirmed that all recruited clinical staff, 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

### 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.

Appropriate equipment, including a washer disinfecter, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. Ms Taggart confirmed that the equipment used in the decontamination process had been appropriately validated however the validation certificates were not available to review during the inspection. After the inspection RQIA received evidence via email to confirm that the equipment had been appropriately validated.

Review of records confirmed that the equipment used in the decontamination process had been 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 the weekly protein residue test for the DAC Universal. Advice and guidance was shared with staff in relation to periodic tests, in keeping with best practice, and Ms Taggart readily agreed to implement the weekly protein residue test for the DAC Universal.

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**

Further to information submitted following the inspection, no areas for improvement were identified.

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

**5.5 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has two surgeries, each of which has an intra-oral x-ray machine.

Ms Taggart, as 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. Ms Taggart 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. Discussion with Ms Taggart and review of the report of the most recent visit by the RPA, completed during January 2020, demonstrated that any recommendations made are in the process of being addressed.

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

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

**5.6 Complaints management**

There was a complaints policy and procedure in place. Minor amendments were required 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 Taggart 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 Taggart 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

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 Taggart 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 staff.

### 5.9 Patient and staff views

Eighteen 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 Stormont Dental Care Limited.

Seven staff submitted questionnaire responses to RQIA. Five staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Five staff indicated that they were very satisfied with each of these areas of patient care. Two staff members indicated that they were very unsatisfied with each of these areas of patient care. Staff spoken with during the course of the inspection provided only positive comments in relation to both working in the practice and the dental care provided to patients. Ms Taggart undertook to explore the possible reasons behind the unsatisfied responses provided by two staff members.

Ms Taggart subsequently advised RQIA that two staff members had disclosed that they had selected the very unsatisfied responses in error whilst using the online survey system.

#### 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 is not required or included, as part of this inspection report.



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