

# Announced Care Inspection Report 26 September 2019



## Clear Dental Larne

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

**Address: 14 Victoria Road, Larne, BT40 1RN**

**Tel No: 028 2826 0170**

**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 3 registered places.

## 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Clear Dental Care (NI) Limited<br><br><b>Responsible Individual:</b><br>Mr Mark Tosh | <b>Registered Manager:</b><br>Ms Theresa Evans  |
| <b>Person in charge at the time of inspection:</b><br>Ms Theresa Evans   | <b>Date manager registered:</b><br>12 June 2018 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment   | <b>Number of registered places:</b><br>Three    |

## 4.0 Action/enforcement taken following the most recent inspection dated 25 April 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 25 April 2018

As above.

## 5.0 Inspection findings

An announced inspection took place on 26 September 2019 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 Theresa Evans, registered manager and a dental nurse who also undertakes reception duties. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Evans 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 3 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.

During discussion with Ms Evans and staff confirmed that a medical emergency had occurred in the practice since the previous inspection. The medical emergency was managed in keeping with best practice guidance and had been reported to Mr Tosh later the same day. It was identified that RQIA had not been informed of this untoward and Ms Evans readily agreed to follow this up and ensure a retrospective notification was submitted to RQIA in respect of this medical emergency. The notification was submitted to RQIA on 21 October 2019.

### 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 Evans confirmed that inhalation sedation, known as relative analgesia (RA), is offered in this practice as a form of conscious sedation.

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.

Discussion with Ms Evans and a review of records and 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 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 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 16 July 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified. Discussion with staff confirmed that any learning identified as a result of these audits is shared 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.

Ms Evans confirmed that a sharps injury involving a member of staff had occurred and the injury was dealt with in keeping with best practice guidance. The record of the accident was seen to have been recorded contemporaneously and fully investigated to identify the cause. Any actions taken to minimise the risk of reoccurrence were recorded and it was confirmed that all dentists use safer sharps. Ms Evans confirmed that this accident had been reported to the Mr Tosh.

Discussion with Ms Evans confirmed that staff records for Hepatitis B vaccination status are stored within staff personnel files, copies are provided on site and an electronic copy is retained electronically off site by the company personnel department. These records had been generated by the staff member's GP and an occupational health (OH) department. Ms Evans 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.

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 disinfectant 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 three surgeries, each of which has an intra-oral x-ray machine.



Ms Evans confirmed that 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.

A dedicated radiation protection file containing all relevant information was in place. The RPS 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 undertaken by the RPA on 10 November 2018 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 |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | 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.

Review of the complaints records identified that complaints and untoward events were recorded in the same notebook. Complaint recording was discussed and it was agreed that Ms Evans would seek further clarity from Mr Mark Tosh, on the corporate approach to complaint recording.

Review of the content of the complaints recorded provided assurance that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included 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. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.



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 further areas for improvement were identified during the inspection.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 0         |

## 5.7 Regulation 26 visits

A visit by Mr Mark Tosh, responsible individual was undertaken on 23 July 2019 as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report was produced and was 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

### 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 and review of information evidenced that the equality data collected was managed in line with best practice.

## 5.9 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All ten 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 patients also indicated that they were very satisfied with each of these areas of their care. The following comments were included in submitted patient questionnaire responses;

- 'Excellent service. Always very prompt and if an emergency appointment is needed they are always very accommodating'
- 'Very satisfied with my dental 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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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