

# Announced Care Inspection Report 11 September 2019



## Clandeboye Dental Clinic

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

**Address: 109G Clandeboye Road, Bangor BT20 3JW**

**Tel No: 028 9127 0873**

**Inspector: Emily Campbell**

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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 three registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Clandeboye Dental Clinic Ltd  <b>Responsible Individual:</b> Mr David Boyd	<b>Registered Manager:</b> Mr David Boyd
<b>Person in charge at the time of inspection:</b> Mr David Boyd	<b>Date manager registered:</b> 13 February 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 30 November 2018

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 30 November 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013  <b>Stated:</b> First time	The registered person shall give consideration to using safer sharps. If safer sharps are not used, a risk assessment should be carried out, signed by the clinicians, and shared with all staff.  <b>Action taken as confirmed during the inspection:</b> It was confirmed that safer sharps are available, though not always used. A risk assessment was in place which had been discussed with staff. This was discussed in detail and it was agreed that individual risk assessments should be completed in respect	<b>Met</b>

	<p>of each practitioner not using safer sharps.</p> <p>Ms McGrady, practice manager, confirmed by email on 18 September 2019 that dentists were currently completing individual risk assessments.</p>	
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## 5.0 Inspection findings

An announced inspection took place on 11 September 2019 from 10:05 to 13:00.

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 Boyd, registered person, Ms Jenni McGrady, practice manager and registered dental nurse, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken. The inspection was facilitated by Ms McGrady.

The findings of the inspection were provided Ms McGrady 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. However, Buccolam was available in 5mg doses only. As per Health and Social Care Board (HSCB) instructions, part doses cannot be administered, therefore additional doses of Buccolam pre-filled syringes should be provided to ensure that the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF are available. Ms McGrady confirmed by email on 20 September 2019 that the appropriate additional doses of Buccolam had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. Automated external defibrillator (AED) pads suitable for use with a child were not available. However, Mr Boyd and Ms McGrady confirmed that adult pads could be used for a child with the type of AED provided and that this method was included in their annual refresher training.

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 July 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

Further to confirmation that the issue identified during the inspection had been addressed, no areas for improvement were made.

	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 Boyd and Ms McGrady confirmed that conscious sedation is not provided.

Intravenous (IV) sedation was previously provided in the practice, however, this was formally suspended in July 2019; the last IV sedation having been provided in April 19. The practice is currently reviewing the need for IV sedation and available courses for update training should they decide to recommence this service to patients. Mr Boyd and Ms McGrady agreed to notify RQIA if they are going to recommence IV sedation.

## 5.3 Infection prevention and control

### Infection prevention and control (IPC)

During a tour of some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was generally clean, tidy and uncluttered. It was noted that in one surgery, a bottle of hand wash and the base of an operator's chair was dusty. Ms McGrady confirmed by email on 20 September 2019, that cleaning schedules had been discussed with staff and new written schedules were being drawn up and staff training will be provided.

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 April 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits, previously carried out by Ms McGrath, are now completed by dental nurses on a rotational basis. This demonstrates empowering others and supporting staff to improve. It was confirmed that any learning identified as a result of these audits is shared with staff at team 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.

As discussed previously, safer sharps are available, though not always used. A risk assessment was in place however it was agreed that individual risk assessments should be completed in respect of each practitioner not using safer sharps. Ms McGrady confirmed by email on 18 September 2019 that dentists were currently completing individual risk assessments.

Ms McGrady confirmed that records of the Hepatitis B vaccination status in respect of all clinical staff are retained. Review of two staff personnel files evidenced this. Ms McGrady confirmed that in the event of clinical staff, new to dentistry, being recruited, a referral would be made to the Trust Occupational Health Department as part of the recruitment process.

**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**

Further to confirmation that the issues identified during the inspection have been addressed, no areas for improvement were made.

	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 and sterilised following use. Wrapped sterilised instruments are stored in dental surgeries; this is not in keeping with best practice guidance as outlined in HTM 01-05. Ms McGrady confirmed by email on 18 September 2019, that arrangements were being made for the storage of sterilised dental instruments away from the clinical treatment areas.

Appropriate equipment, including a washer disinfector and two steam sterilisers, has been provided to meet the practice requirements. A new vacuum steriliser was installed in December 2018 and was validated on commission. The washer disinfector and statim steriliser were last validated on 6 August 2018 and had been scheduled to be validated again on 16 September 2019. Documentary evidence that these had been validated on 16 September was submitted to RQIA by email on 24 September 2019.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the automatic control test (ACT) in respect of the sterilisers. However, documentary evidence was submitted to RQIA by email on the afternoon of the inspection evidencing that the detail of the ACT was recorded in respect of one of the sterilisers and Ms McGrady confirmed that the same template would be included in the second steriliser logbook.

Pressure vessels had been inspected in keeping with the written scheme of examination of pressure vessels.

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 confirmation that the issues identified during the inspection have been addressed, no areas for improvement were made.

	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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room; this has been decommissioned and arrangements are being established for it to be removed. The practice moved from the chemical processing of x-rays to digital processing in July 2019.

Mr Boyd, as 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. Mr Boyd 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 signed off a having been addressed. A new intra-oral x-ray machine was installed in one of the surgeries in May 2019 and a critical examination had been carried out in keeping with best practice.

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

Mr Boyd 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 required minor amendments. A revised complaints policy was emailed to RQIA on 11 September 2019 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 information on display in the practice. It was confirmed this would be updated with the amendments discussed above. 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. 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. It was confirmed that if required, an audit of complaints would be 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

Further to confirmation that the issue identified during the inspection had been addressed, no areas for improvement were made.

	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 Boyd is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

## 5.8 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 Ms McGrady and staff.

## 5.9 Patient and staff views

Nine 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 or satisfied with each of these areas of their care. The following comment was provided in a questionnaire response:

- “Very good practice.”

Three staff submitted questionnaire responses to RQIA. All indicated that they were very satisfied that patient care was safe and effective, that patients were treated with compassion and that the service was well led. The following comment was provided in a questionnaire response:

- “Great team.”

## 5.10 Other areas examined

It was noted that the RQIA certificate of registration was not on display. The failure to display the certificate of registration in a conspicuous place is an offence under Article 28 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Ms McGrady was unable to find the certificate of registration during or following the inspection.

RQIA re-issued a certificate of registration and Ms McGrady provided photographic evidence on 24 September 2019 evidencing that it was on display in a conspicuous place.

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



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