Announced Care Inspection Report
27 November 2018

Clements Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 22 West Street, Carrickfergus BT38 7AR
Tel No: 028 9336 8777
Inspector: Norma Munn

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 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

Organisation/Registered Provider: Mr Michael Clements	**Registered Manager:** Mr Michael Clements
Person in charge at the time of inspection: Mr Michael Clements	**Date manager registered:** 14 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Action/enforcement taken following the most recent inspection dated 19 March 2018

The most recent inspection of Clements Dental Care 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 19 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure that all staff are provided with a job description and a record of the induction programme is retained.	**Met**
	Action taken as confirmed during the inspection: A review of documentation confirmed that job descriptions and induction programme templates have been developed. The practice manager confirmed that job descriptions will be provided and an induction completed and retained for any new staff who commence employment in the future.	

Area for improvement 2 **Ref**: Standard 8 **Stated:** First time	The registered person shall ensure that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and local training has been recorded in relation to these duties.	**Met**
	Action taken as confirmed during the inspection: A review of the radiation protection file and discussion with Mr Clements confirmed that staff have been authorised by the RPS for their relevant duties and local training has been recorded in relation to these duties.	

5.0 Inspection findings

An announced inspection took place on 27 November 2018 from 10.00 to 12.20.

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 Michael Clements, registered person; the practice manager; an associate dentist; a dental foundation year one (DF1) trainee; and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the Mr Clements and 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, in the main, emergency medicines were provided in keeping with British National Formulary (BNF). It was identified that Buccolam pre filled syringes were not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) guidance and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam pre filled syringes and the various doses and quantities as recommended. Mr Clements agreed to review the supply of Buccolam following the inspection. An area for improvement against the standards has been made.

A revised expiry date had not been recorded on the Glucagon medication which was stored out of the fridge. Following the inspection RQIA received confirmation that the expiry date on the Glucagon had been revised.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines had been provided with the exception of a self-inflating bag with reservoir suitable for a child and some of the oropharyngeal airways had exceeded their expiry dates. Following the inspection RQIA received confirmation that the expired airways had been replaced and a self-inflating bag had been provided.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. It was advised that the oropharyngeal airways are added to this checklist.

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 December 2017 and further training had been arranged to take place during December 2018.

Relative Analgesia (RA) sedation, using nitrous oxide gas, is available for patients who are assessed as needing it. Discussion with the practice manager and a review of documentation confirmed that RA equipment had been serviced in accordance with manufacturer's instructions. Mr Clements has agreed to carry out a nitrous oxide risk assessment 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 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

Provide Buccolam in sufficient quantities and doses as recommended by the HSCB and the BNF.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.2 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 2018 by Mr Clements, 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.

It was suggested to the practice manager that clinical staff should contribute to the completion of the audit; this will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

During discussion it was identified that conventional needles and syringes are used by all dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that, ‘safer sharps are used so far as is reasonably practicable’. Mr Clements and staff confirmed that it is the responsibility of the dentist to safely dispose of used needles. Mr Clements was advised that all dentists should review the regulations named above and consider using safer sharps. Where this is not practicable a risk assessment should be undertaken for all staff who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. An area for improvement against the standards has been made.

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

Safer sharps should be used so far as is reasonably practicable. Where this is not practicable a risk assessment should be undertaken for all dentists who do not use safer sharps.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.3 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 disinfector 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**

5.4 Radiology and radiation safety

Radiology and radiation safety

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

Mr Clements 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 Clements as the radiation protection supervisor (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 by the RPA during June 2017 demonstrated that recommendations had been made. There was no evidence to confirm that the recommendations made had been addressed. This was discussed with Mr Clements who agreed to action this. Following the inspection RQIA received confirmation that the recommendations made had been actioned.

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 further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.5 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.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led, and were either satisfied or very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- "Very happy, staff kind."
- "Top class treatment from staff who care and are knowledgeable and have invested in the practice."
- "Very happy with care."
- "Excellent dental practice. All staff from reception to dentist caring ,considerate and attentive. Standard of care exceptional. Services such as appointments, reminders effective. No complaints."

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**2**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Clements, registered person and the practice manager as part of the inspection process. The timescales commence 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 actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have 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)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 11 December 2018	The registered persons shall provide Buccolam in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken: I have ordered Buccolam from my local pharmacy, in doses of 2.5mg, 5mg and 10mg (4 pre-filled syringes). This is stored securely along with our other emergency drugs. These Buccolam syringes will allow us to administer doses of 2.5mg, 5.0mg, 7.5mg and 10mg as required and is in keeping with recommendations by the HSCB and BNF.
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 27 December 2018	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all staff who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2
	Response by registered person detailing the actions taken: I have carried out a risk assessment on the safe use of sharps by all clinical staff in our practice. As a result of this risk assessment, I have purchased "safety plus" single use syringes which allows staff to choose which system they prefer to use. I have also carried out staff training for all clinical staff in the practice, on the safe use of sharps.

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

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