

# Announced Care Inspection Report

## 22 May 2019



## **{my}dentist, Antrim Road**

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

**Address: 277 Antrim Road, Belfast BT15 2GZ**

**Tel No: 028 9074 3709**

**Inspector: Elizabeth Colgan**

[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
- 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

## 2.0 Profile of service

This is a registered dental practice with four registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> IDH Acquisitions Limited  <b>Responsible Individual:</b> Ms Nyree Whitley	<b>Registered Manager:</b> Ms Nicola Patterson
<b>Person in charge at the time of inspection:</b> Ms Nicola Patterson	<b>Date manager registered:</b> 4 June 2019
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

Prior to the inspection an application for registered manager was received in respect of Ms Nicola Patterson. Following submission and review of the application registration with RQIA has been approved.

## 4.0 Action/enforcement taken following the most recent inspection dated 11 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 11 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> Second time	The registered person shall ensure that all decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in Primary Care Dental Practices.  Records of validation certificates should be retained and be available for inspection.	

		<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that all decontamination equipment was validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05. Decontamination in Primary Care Dental Practices.</p> <p>Records of validation certificates were retained and available for inspection.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels.</p> <p>Records should be retained for inspection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that pressure vessels had been inspected under the written scheme of examination of pressure vessels.</p> <p>Records were retained for inspection.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an enhanced AccessNI disclosure check is undertaken and received prior to any new staff member commencing employment.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that an enhanced AccessNI disclosure check had been undertaken and received prior to any new staff member commencing employment.</p>	

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	The registered person shall ensure that two written references are obtained prior to new staff commencing employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that two written references are obtained prior to new staff commencing employment.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure that the staff register is further developed to include the date of leaving employment.  Staff details should not be removed from the register.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that the staff register had been further developed to include the date of leaving employment.  Staff details had not been removed from the register.	

## 5.0 Inspection findings

An announced inspection took place on 22 May 2019 from 09.55 to 11.35.

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 Patterson, registered manager and one dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Patterson 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 August 2018.

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.

Ms Patterson confirmed that conscious sedation is not provided.

### 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 March 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by Ms Patterson who confirmed that any learning identified as a result of these audits is shared with staff.

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.

#### 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 disinfectors and steam sterilisers have 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 four surgeries, each of which has an intra-oral x-ray machine.

The dentists were 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 radiation protection supervisors (RPS) regularly review the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. The report of the most recent inspection undertaken on 17 May 2019 was not available for review. Ms Patterson confirmed that any recommendations made would be addressed.



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

The RPS's 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 supervisors 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 Department of Health (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. 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 areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 5.7 Regulation 26 visits

A visit by the nominated person was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and made 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 Ms Patterson.

### 5.9 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All 10 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.

Comments included in the submitted patient questionnaire responses are as follows:

- “Always been very satisfied with the standard of care.”

- “I have been with “my dentist” for years and am very happy. My young son has now joined”.

Four staff submitted questionnaire responses to RQIA. Two members of staff were either satisfied or very satisfied that the care was safe. However, two members of staff were very unsatisfied. Three members of staff were either satisfied or very satisfied that care was effective, compassionate, and the service was well led. However one member of staff was unsatisfied.

Comments included in the submitted staff questionnaire responses are as follows:

- “Shortage of staff, staff under pressure at times when others are off on holiday”.
- “Not enough staff”.

The responses and the comments in the submitted staff questionnaires were discussed with Ms Patterson who confirmed that the practice is actively recruiting a dental nurse. Ms Patterson also confirmed that these issues would be discussed with staff.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care