

Announced Care Inspection Report 12 November 2019



Corry Dental Care

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

Address: 18 The Diamond Centre, Magherafelt, BT45 6ED

Tel No: 028 7930 0020

Inspector: Steven Smith

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 three registered places.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Mr John Corry Responsible Individual: Mr John Corry | Registered Manager: Mrs Maria Corry |
| Person in charge at the time of inspection: Mr John Corry | Date manager registered: 10 May 2012 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 3 |

4.0 Action/enforcement taken following the most recent inspection dated 25 May 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 25 May 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 8.5 Stated: First time | The registered person shall ensure that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 should be completed. Any areas of improvement identified in the risk assessment should be addressed and records retained. | Met |

| | | |
|--|--|------------|
| | <p>Action taken as confirmed during the inspection: Discussion with Mr Corry and review of records confirmed that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 had been completed. No areas to be addressed were identified in the risk assessment and records were retained.</p> | |
| <p>Area for improvement 2 Ref: Standard 14.7 Stated: First time</p> | <p>The registered person shall ensure that adverse incidents/accidents are reported to RQIA in keeping with RQIA guidance document entitled 'Statutory Notifications of Incidents and Deaths Guidance for Registered Providers and Managers of Regulated Services'.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Corry and review of records confirmed that arrangements are in place to ensure that adverse incidents/accidents are reported to RQIA in keeping with RQIA guidance document entitled 'Statutory Notifications of Incidents and Deaths Guidance for Registered Providers and Managers of Regulated Services'.</p> | Met |

5.0 Inspection findings

An announced inspection took place on 12 November 2019 from 10:30 to 13:30.

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 Mr John Corry, responsible individual, Mrs Maria Corry, registered manager, an associate dentist and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Corry 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 review of relevant documentation established that emergency medicines and equipment were not individually recorded on an identified checklist. Following the inspection RQIA received evidence via email to confirm that a robust checking system had been introduced 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 May 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 information submitted following the inspection, no areas for improvement were identified.

| | 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 Corry confirmed that two types of conscious sedation are provided in the practice. One dentist provides inhalation sedation, known as relative analgesia (RA). On a less frequent basis, one dentist provides oral sedation. It was confirmed that oral sedation is only offered to persons over the age of 18.

A review of records and discussion with Mr Corry confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. As previously outlined, 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.

It was confirmed 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. During discussion with Mr Corry it was advised that refresher training should be undertaken by the dentist administering oral sedation as part of their continuous professional development cycle.

A policy and procedure in relation to the management of conscious sedation was not in place. Mr Corry was advised to develop a policy and procedure relevant to the conscious sedation treatment provided. Following the inspection RQIA received evidence via email to confirm that a policy and procedure had been developed.

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 justification for using sedation and consent for treatment were recorded. It was identified that the names of all General Dental Council registrants involved during the conscious sedation procedure were not being recorded in the clinical record of the patient. The electronic care record template used to record conscious sedation was amended during the inspection to reflect this requirement.

Review of care records identified that relevant clinical observations were being recorded pre, peri and post sedation as required in accordance with Conscious Sedation in The Provision of Dental Care (2003).

Information was available for patients receiving RA sedation in respect of the treatment provided, however written guidance and aftercare arrangements were not available. Following the inspection RQIA received evidence via email to confirm that this information is now in place.

Information was not available for patients receiving oral sedation in respect of the treatment provided and aftercare arrangements. Following the inspection RQIA received evidence via email to confirm that this information is now in place.

A system was in place for the ordering, storage and administration of medicines used during oral sedation. Mr Corry was advised to implement a recording system for the reconciliation and disposal of these drugs and readily agreed to do so.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that, in general, 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.

It was identified that a panel on the dental chair in surgery 1 was torn. During discussion around IPC Mr Corry was advised to ensure that necessary repairs were completed. An area for improvement against the standards has been made in this regard.

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 November 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 a dental nurse and Mr Corry confirmed that any learning identified as a result of these audits is shared at staff meetings.

It was suggested that all dental nurses contribute to the completion of the IPS audit; the inclusion of all dental nurses in the audit process will encourage shared ownership of IPC 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.

Review of personnel records demonstrated that evidence of the Hepatitis B vaccination status of clinical staff was retained. These records had either been generated by the staff member's GP or by an occupational health department. Mr Corry confirmed that all newly recruited clinical staff members, 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

The torn panel on the identified dental chair should be repaired.

| | Regulations | Standards |
|------------------------------|-------------|-----------|
| Areas for improvement | 0 | 1 |

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 steam two 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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Corry 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. 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 by the RPA, completed during June 2018, did not demonstrate that the recommendations made by the RPA have been addressed. An area for improvement against the standards has been made in this regard.

A new OPG machine was installed in the surgery during August 2019. A critical examination had been completed by the RPA on the date of the inspection. Mr Corry confirmed that the OPG was not in use until the critical examination had been undertaken and was reminded to ensure that any recommendations made by the RPA are addressed, and readily agreed to do so.

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

Mr Corry was reminded that x-ray quality grading audits should be carried out six monthly by all dentists as it was noted to have been over six months since the previous audit for some members of the dental team. Mr Corry confirmed that six monthly x-ray quality grading audits would be reintroduced for all dentists.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that, generally, the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

Comply with the recommendations of the RPA report. Evidence of compliance should be retained in the radiation protection folder and made available for inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 1 |

5.6 Complaints management

There was a complaints policy and procedure in place. Required amendments were made to the policy and procedure during the inspection 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 identified that improvements were required to ensure that the arrangements in place effectively managed complaints from patients, their representatives or any other interested party. Records of complaints did not include details of the investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. An area for improvement against the standards has been made to establish a robust system to effectively record information about complaints. It was discussed that this will facilitate audit, identify trends, drive quality improvement and enhance service provision.

Areas of good practice

A review of the arrangements in respect of complaints evidenced staff were knowledgeable about how to respond to complaints.

Areas for improvement

Establish a robust system to effectively record information about complaints to include details of the investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 1 |

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 Corry 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

Six 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 submitted questionnaire responses are as follows:

- “The care in this practice is always outstanding, from the fantastic reception staff to the dentists and dental nurses. The level of professionalism is second to none. Highly recommended.”
- “Staff are very welcoming and helpful. A professional practice and is always a pleasure to visit.”

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr John Corry, responsible individual, 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 13.2 Stated: First time To be completed by: 12 December 2019 | The registered person shall ensure that the torn panel on the identified dental chair is repaired. Ref: 5.3 Response by registered person detailing the actions taken: |
| Area for improvement 2 Ref: Standard 8.3 Stated: First time To be completed by: 12 December 2019 | The registered person shall comply with the recommendations of the radiation protection advisor (RPA) report. Evidence of compliance should be retained in the radiation protection folder and made available for inspection. Ref: 5.5 Response by registered person detailing the actions taken: |
| Area for improvement 3 Ref: Standard 9 Stated: First time To be completed by: 12 December 2019 | The registered person shall establish a robust system to effectively record information about complaints to include details of the investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Ref: 5.6 Response by registered person detailing the actions taken: |

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



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