

Announced Care Inspection Report 02 December 2019



Cranmore Excellence in Dentistry Limited

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

Address: 15 Windsor Avenue, Belfast, BT9 6EE

Tel No: 028 9038 1822

Inspector: Stephen O'Connor

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 six registered places. Bupa Dental Care is the parent company of Cranmore Excellence in Dentistry Limited. Bupa Dental Care operates 21 dental practices registered with RQIA and a further dental practice is undergoing registration.

Ms Zara Doyle is the responsible individual for all of the dental practices operated by Bupa Dental Care.

3.0 Service details

Organisation/Registered Provider: Cranmore Excellence in Dentistry Limited Responsible Individual: Ms Zara Doyle	Registered Manager: Ms Karen McDowell
Person in charge at the time of inspection: Ms Karen McDowell	Date manager registered: Ms Karen McDowell - application received - "registration pending"
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Six

4.0 Action/enforcement taken following the most recent inspection dated 12 February 2019

The most recent inspection of Cranmore Excellence in Dentistry 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 12 February 2019

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 2 December 2019 from 09:50 to 12:55.

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 Karen McDowell, applicant registered manager, an oversight and monitoring lead for Bupa Dental Care, an associate dentist and the lead dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms McDowell and the oversight and monitoring lead 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 November 2019. In addition medical emergency scenario training is undertaken every six months. Staff are unaware of the date the scenario training will take place; staff are expected to treat the scenario training as if it was a real medical emergency.

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 McDowell confirmed that conscious sedation is provided in Cranmore Excellence in Dentistry. Ms McDowell and an associate dentist informed us that intravenous sedation (IV) is provided by three named dentists assisted by a named dental nurse. Five dental nurses in the practice have completed formal training in conscious sedation. Ms McDowell confirmed that IV sedation is only offered to persons over the age of 18.

A policy and procedure in relation to the management of conscious sedation was 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), which is the best practice guidance document endorsed in Northern Ireland.

Review of four 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.

Medicines used during IV sedation were appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these drugs.

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 during July 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms McDowell confirmed should the audit identify areas that require to be improved an action plan would be generated.

The IPS audits are carried out by the lead dental nurse, who confirmed that the audit results are shared with staff at the time and discussed further during staff meetings should learning be identified as a result of the audit. 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 the staff register identified a number of new clinical staff member's recruited during 2018 and 2019. Review of personnel records in relation to three randomly selected staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had either been generated by the staff member's general practitioner (GP) or by an occupational health department. Ms McDowell confirmed that going forward all newly recruited clinical staff new to dentistry will 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. It was observed that an air conditioning unit was wall mounted in the dirty side of the decontamination room. HTM 01-05 states that care should be taken to ensure that airflow is from clean to dirty. Air conditioning units could potentially disrupt the airflow in the decontamination room. This was discussed with Ms McDowell who confirmed that engineers from the DoH approved the use of the air conditioning unit in the decontamination room. Email correspondence between the practice and the DoH to confirm this was submitted to RQIA on 20 December 2019.

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 two washer disinfectors, two DAC Universals and four 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. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 with the exception of the details of the daily automatic control test (ACT) in respect of the steam sterilisers. Results of periodic tests are recorded on multiple templates. A discussion took place in regards to the implementation of pre-printed logbooks for the equipment used during the decontamination process. An area for improvement has been made in regards to recording periodic test results.

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

Results of periodic tests should be recorded in machine logbooks in keeping with HTM 01-05.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has six surgeries, five of which has an intra-oral x-ray machine. In addition there is a Cone Beam Computed Tomograph (CBCT) machine located in a separate room.

Ms McDowell confirmed that radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

Two dedicated radiation protection files are maintained, one in respect of the five intra-oral x-ray machines and one in respect of the CBCT machine. The files contained all relevant information. The RPS regularly reviews the information contained within the files to ensure they are current.

The appointed RPA completes a quality assurance check every three years in respect of the intra-oral x-ray machines and annually in respect of the CBCT. A review of the reports of the most recent visits by the RPA 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.

All dentists 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 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 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 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. Ms McDowell confirmed that 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

No areas for improvement were identified during the inspection.

	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.

A visit by the registered provider 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 McDowell and staff.

5.9 Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All 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 indicated that they were either satisfied or very satisfied with each of these areas of their care. Two of the questionnaires included positive comments about the standard of care and treatment received.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan (QIP)

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms McDowell, applicant registered manager and the Bupa Dental Care oversight and monitoring lead, 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2019</p>	<p>The responsible individual shall ensure that the results of periodic tests undertaken in respect of equipment used during the decontamination process are recorded in keeping with Health Technical Memorandum (HTM) 01-05.</p> <p>Ref: 5.4</p>
	<p>Response by registered person detailing the actions taken: I can (Karen McDowell) confirm periodic testing results on equipment used during the decontamination process are now recorded daily & manually in logbooks provided by Isopharm. This is in keeping with HTM 01-05.</p>

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



The **Regulation** and
Quality Improvement
Authority

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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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