Announced Care Inspection Report
13 February 2020

Curran Oral Surgery Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 434 Lisburn Road, Belfast, BT9 6GR
Tel No: 028 9066 7979
Inspector: Steven Smith

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 four registered places.

3.0 Service details

Organisation/Registered Provider: Mr Martin Curran	**Registered Manager:** Mr Martin Curran
Person in charge at the time of inspection: Practice manager	**Date manager registered:** 08 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Four

4.0 Action/enforcement taken following the most recent inspection dated 19 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 19 November 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 15.3 **Stated:** Second time	The registered person shall ensure that the safeguarding lead completes formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).	**Met**
	Response by registered person detailing the actions taken: Review of documents and discussion with the practice manager confirmed that Mr Curran, as safeguarding lead, had completed formal training in safeguarding adults level 3 in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training	

	strategy (revised 2016). The training was completed during April 2019.	

5.0 Inspection findings

An announced inspection took place on 13 February 2020 from 10.00 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 briefly with Mr Martin Curran, registered person, who arrived in the practice at the end of the inspection. The inspector also met the practice manager who is also a registered dental nurse, two associate dentists and two dental nurses. The inspection was facilitated by the practice manager. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Curran 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 general, emergency medicines were retained in keeping with the Health and Social Care Board (HSCB) guidance and the British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the HSCB. A discussion took place with regards to the procedure for the safe administration of Buccolam and Mr Curran was advised to increase the supply of Buccolam accordingly. It was also identified that the Aspirin retained in the practice was not dispersible as recommended by the BNF. Following the inspection RQIA received evidence via email to confirm that the supply of Buccolam had been increased and that Aspirin 300mg dispersible tablets had been provided as advised.

Emergency equipment was retained as recommended by the Resuscitation Council (UK) guidelines. The pads for the automated external defibrillator (AED) had expired and the key required to change them from adult to paediatric use was also unavailable. Following the inspection RQIA received evidence via email to confirm that these items had been provided.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. The practice manager was advised to include the AED and AED pads on the emergency equipment checklist for the practice and readily agreed to do so.

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 October 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 to reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

The practice manager confirmed that two types of conscious sedation are provided in the practice, intravenous (IV) sedation and inhalation sedation, known as relative analgesia (RA). Eight dentists provide sedation and it was confirmed that IV sedation is only offered to persons over the age of 18. 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.

A policy and procedure in relation to the management of conscious sedation was in place, however, this required further development to ensure all the relevant components were included. A revised policy was submitted to RQIA via email following the inspection.

The practice manager confirmed that patients recovering from conscious sedation are assisted from the dental chair to a recovery area. On the day of the inspection two patients and their accompanying escorts were seated in the recovery area and there was no member of staff supervising the patients. Mr Curran and the practice manager were advised that patients recovering from conscious sedation should be supervised and monitored by a member of the dental team in keeping with best practice. Mr Curran agreed to review the arrangements in place for the recovery of patients post sedation.

Following the inspection the practice manager submitted written confirmation to RQIA that patients recovering from conscious sedation would be supervised and monitored by a dental nurse until they are assessed by the dentist to be fit for discharge.

Review of the 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 the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. An amendment was required to the IV sedation consent form to include the name of the drug being administered, and the updated form was submitted to RQIA via email following the inspection. Information was available for patients in respect of the treatment provided and aftercare arrangements.

A review of records and discussion with the practice manager confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. The practice manager also confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Medicines used during IV sedation were stored in an unlocked drawer in an unsupervised area of the practice which was accessible to members of the public. Mr Curran and the practice manager were advised to review this arrangement without delay and readily agreed to do so. Following the inspection RQIA received evidence via email to confirm that medicines used during IV sedation were being appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these drugs.

Areas of good practice

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.

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 noted that two dental chairs in identified dental surgeries had rips in the upholstery. This was discussed with the practice manager who advised that one chair was due to be reupholstered the following week and that the other would be repaired in due course. Following the inspection RQIA received evidence via email to confirm that one of the chairs had been reupholstered. An area for improvement against the standards has been made in relation to the remaining identified dental chair that requires repair.

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 September 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 the practice manager who confirmed that any learning identified as a result of these audits is shared at staff 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.

Review of the incident recording book and discussion with the practice manager evidenced that one staff member had received a sharps injury since the last care inspection. There was sufficient information recorded regarding the circumstances of the injury and evidence of an investigation of the event and subsequent action/learning to reduce/prevent a recurrence. Staff spoken with demonstrated good awareness of the actions to be taken in the event of a sharps injury.

Evidence of Hepatitis B vaccination status was retained in the practice for all clinical staff. These records had either been generated by the staff member's GP or by an occupational health department. The practice manager 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 rips in the upholstery of 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 disinfector and two steam sterilisers, has been provided to meet the practice requirements. Records to confirm that the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination were not available for review during the inspection. These records were subsequently submitted to RQIA following the inspection.

A review of equipment logbooks evidenced that periodic tests had been undertaken in keeping with HTM 01-05 with the exception of the daily automatic control test (ACT), which was not recorded in the associated steriliser logbooks. Advice and guidance was shared with staff in relation to periodic tests in keeping with best practice. An area for improvement against the standards has been made in this regard.

The sterilisers have automatic data loggers attached which record the cycle parameters of each cycle of the machines; however, these were not being utilised and were not being uploaded to a computer system to ensure that records are retained for at least two years. Staff were advised that this should be completed on a monthly basis. An area for improvement against the standards has been made in this regard.

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 generally 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

The daily automatic control test (ACT) must be undertaken and recorded in the associated steriliser logbooks with immediate effect.

Decontamination equipment automatic data loggers should be utilised and uploaded to a computer system to ensure that records are retained for at least two years.

	Regulations	Standards
Areas for improvement	**0**	**2**

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

Mr Curran, 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. Mr Curran 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 April 2018, 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 and the practice manager was advised that minor amendments were required to ensure that it was in accordance with legislation and DoH guidance on complaints handling. This amended policy was submitted to RQIA via email following the inspection. 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.

Discussion with Mr Curran confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mr Curran confirmed that records of complaints would include 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. Mr Curran confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision as necessary.

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 information submitted following the inspection, no areas for improvement were identified.

	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 Curran 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

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 either satisfied or very satisfied with each of these areas of their care.

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 QIP. Details of the QIP were discussed with Mr Martin Curran, 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 13.2 **Stated:** First time **To be completed by:** 13 March 2020	The registered person shall ensure that rips in the upholstery of the identified dental chair are repaired. Ref: 5.3
	Response by registered person detailing the actions taken: **NEW DENTAL CHAIR ORDERED FOR SURGERY 4**
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 14 February 2020	The registered person shall ensure that the daily automatic control test (ACT) is undertaken and recorded in the associated steriliser logbooks with immediate effect. Ref: 5.4
	Response by registered person detailing the actions taken: **TESTS BEING RECORED DAILY FOR EACH STERILISER**
Area for improvement 3 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 14 February 2020	The Registered Person shall ensure that decontamination equipment automatic data loggers are utilised and uploaded to a computer system to ensure that records are retained for at least two years. Ref: 5.4
	Response by registered person detailing the actions taken: **DATA LOGGERS ATTACHED AND DATA UPLOAD BEING CARRIED OUT ONTO COMPUTER FOR EACH STERILISER.**

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

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