

# Announced Care Inspection Report 29 October 2019



## John Gilleece at 438/03 Dental Studio

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 438 Lisburn Road, Belfast, BT9 6GR**  
**Tel No: 028 9066 1688**  
**Inspector: Emily Campbell**

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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

<b>Organisation/Registered Providers:</b> Mr John Gilleece Mr Damien Flanagan	<b>Registered Manager:</b> Mrs Hilary Wilson
<b>Person in charge at the time of inspection:</b> Mr John Gilleece	<b>Date manager registered:</b> 11 November 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 10 October 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 10 October 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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> Second time	The registered persons shall ensure that fire safety training is provided on an annual basis. A record should be kept in this regard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr Gilleece and staff confirmed that fire safety awareness training had been provided. Review of training records evidenced that fire safety awareness training was last undertaken in October 2019.	

## 5.0 Inspection findings

An announced inspection took place on 29 October 2019 from 10:20 to 12:35.

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 Mr John Gilleece, registered person and two dental nurses, one of whom undertakes reception duties. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Gilleece 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, in general, that emergency medicines in keeping with the British National Formulary (BNF) were retained. However, there was only one dose each of 150 and 300 micrograms of adrenaline via auto-injector. There was no adrenaline provided to administer 500 micrograms to an adult or child over 12 years of age or to administer a second dose to any age group, should it be required. An area for improvement against the regulations was made that adrenaline should be provided to facilitate the administration of the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. The glucagon medication is not stored in the fridge and a revised expiry date had been identified to reflect the storage arrangements. However, on discussion it was identified that six months had been taken off the Glucagon expiry date as opposed to 18 months being added to the date the medication was received in the practice, as this was when the cold chain was broken (or the product expiry date if this is earlier). Mr Gilleece and staff agreed to check the date of receipt of the medication and identify the correct revised expiry date.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of the automated external defibrillator (AED). Mr Gilleece and staff confirmed the practice has timely access to an AED within three minutes of collapse at the nearby medical practice.

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 on 21 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, in general, 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

Adrenaline should be provided to facilitate the administration of the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF.

	Regulations	Standards
Areas for improvement	1	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 Gilleece confirmed that conscious sedation is provided.

A policy and procedure in relation to the management of conscious sedation was in place, however, this needed further development to ensure all the relevant components are included. A revised policy was submitted to RQIA on 11 November 2019.

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).

The practice offers intravenous sedation (IV) to patients; Mr Gilleece confirmed he is the only dentist in the practice who provides this. Medicines used during IV sedation were appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these drugs.

Inhalation sedation, known as relative analgesia (RA) is also offered in this practice as a form of sedation. A review of records and discussion with Mr Gilleece confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. Mr Gilleece confirmed that a nitrous oxide risk assessment had not 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. An area for improvement against the standards was made in this regard. A copy of the NIAIC alert was emailed to the practice following the inspection.

Review of care records evidenced that some relevant components were not recorded in respect of IV and/or RA sedation in accordance with Conscious Sedation in The Provision of Dental Care (2003). An area for improvement against the standards was made that the following should be recorded in respect of each occasion conscious sedation is provided:

- justification for providing conscious sedation
- the ASA grade (IV sedation)
- signed consent forms
- clinical observations, e.g. blood pressure and oxygen saturation levels should be recorded pre, peri and post sedation

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.

**Areas of good practice**

A review of arrangements in respect of conscious sedation evidenced that the environment, equipment and staff training is managed in keeping with best practice guidance.

**Areas for improvement**

A nitrous oxide risk assessment should be completed in accordance with the NIAIC alert NIA-2017-001 issued on 6 September 2017.

Clinical records of each conscious sedation treatment must be documented in accordance with Conscious Sedation in The Provision of Dental Care (2003) as outlined above.

	Regulations	Standards
Areas for improvement	0	2

**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 observed that two of the three surgeries had wooden flooring which was not impervious. Mr Gilleece advised that one of these surgeries was due to be refurbished in the near future and he would address the flooring within the refurbishment. Mr Gilleece also advised that following this refurbishment, and as only two surgeries are used at any one time, the third surgery would not be used until the flooring issue was addressed.

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 2019, evidenced that the audit had identified areas of good practice. However, the audit did not identify the issues regarding the flooring as discussed above. This was discussed with Mr Gilleece and staff for consideration when completing future audits to ensure they are completed in a meaningful manner.

The audits are carried out by a dental nurse and Mr Gilleece and staff confirmed that the results of the audits are shared with staff 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.

Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 specifies that 'safer sharps are used so far as is reasonably practicable; Although safer sharps are available in the practice, neither Mr Gilleece nor the hygienist are using these. Mr Gilleece and staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. It was also confirmed that a sharps risk assessment was not in place for each practitioner who are not using safer sharps; these were submitted to RQIA on 11 November 2019.

Although some Hepatitis B vaccination records were retained, they were not available in respect of all clinical staff. Evidence that records were available in respect of all clinical staff was submitted to RQIA on 11 November 2019.

Mr Gilleece confirmed that no new clinical staff have been recruited since the previous inspection and that if any clinical staff new to dentistry were recruited in the future, they would be referred to occupational health.

**Areas of good practice**

A review of the current arrangements evidenced, in general, that standards in respect of infection prevention and control practice are being given high priority. This includes ensuring staff have the knowledge and skills to ensure standards are maintained.

**Areas for improvement**

Further to information received following the inspection, no areas for improvement were made.

	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 disinfectant and a steam steriliser, 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**

Two of the three surgeries have an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) scanner located in one of these surgeries.



Mr Gilleece, as the 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.

Two dedicated radiation protection files, one in respect of the intra-oral x-ray machines and one in respect of the CBCT, containing all relevant information were in place. Mr Gilleece 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. Mr Gilleece confirmed that the recommendations made by the RPA in the most recent reports have been addressed. These had not been signed off by Mr Gilleece; however, assurances were given in this regard.

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

Mr Gilleece 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 areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

**5.6 Complaints management**

There was a complaints policy and procedure in place which was on display in the waiting area. The policy identified the HSCB, Dental Complaints Service, Ombudsman and RQIA as routes for referral in the event of dissatisfaction of the complaints investigation at local level. A revised policy was submitted to RQIA on 11 November 2019 and suggestions for further minor amendment was provided to the practice.

Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

Mr Gilleece and staff advised that no complaints have been received since the previous inspection. However, discussion with Mr Gilleece and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. This will include records of complaints, details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Mr Gilleece confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

## Areas of good practice

A review of the arrangements in respect of complaints, in general, evidenced that good governance arrangements were in place.

## Areas for improvement

Further to information received following the inspection, no areas for improvement were made.

	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 Gilleece 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 Mr Gilleece and staff.

### 5.9 Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaire responses:

- The surgery provides a complete dental care package. I don't need to be referred outside the practice."
- "Dr Gilleece had remarkable understanding of patient's vulnerability and tends empathy to all. Completely secure, very empathetic indeed, routine checks well advised."
- "Been a patient of Mr Gilleece for 30 years. Very and completely satisfied with treatment."

Staff spoken with during the inspection indicated they felt that patient care was safe, effective and compassionate, and that the service was well led.

**5.10 Total number of areas for improvement**

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 John Gilleece, registered person, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2019</p>	<p>The registered person shall ensure that adrenaline is provided to facilitate the administration of the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF.</p> <p>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> We now have Adrenaline 1in1000x10ampoules with needles and syringes in the surgery.</p>

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.6 <b>Stated:</b> First time <b>To be completed by:</b> 29 January 2020	<p>The registered person shall complete a nitrous oxide risk assessment in accordance with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A Nitous Oxide assessment was done by Mr Gilleece on the 21.11.19.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.6 <b>Stated:</b> First time <b>To be completed by:</b> 26 November 2019	<p>The registered person shall ensure that clinical records of each conscious sedation treatment are documented in accordance with Conscious Sedation in The Provision of Dental Care (2003) as outlined in the body of the report.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            We have read up on the Dental Care and have changed our records to suit.</p>

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



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