

# Announced Care Inspection Report 10 October 2018



## 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: Winifred Maguire**

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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 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

## 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 and Mr Damien Flanagan	<b>Registered Manager:</b> Ms 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 24 August 2017

The most recent inspection of John Gilleece at 438/03 Dental Studio was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.1 Review of areas for improvement from the last care inspection dated 24 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time	The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that no new staff had been recruited since the previous inspection. Mr Gilleece gave assurances that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland)	

	2005 will be sought and retained for all staff including self-employed staff who commence work in the future.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 15 (2) b <b>Stated:</b> First time	The registered person shall ensure that the intra oral x-ray machines are serviced and maintained in accordance with manufacturer's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that the intra oral x-ray machines had been serviced and maintained in accordance with manufacturer's instructions on 26 September 2018.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 15 (2) b <b>Stated:</b> First time	The registered person shall ensure that the following equipment is serviced and maintained in keeping with manufacturer's instructions: <ul style="list-style-type: none"> <li>• the relative analgesia (RA) machine</li> <li>• the gas boiler</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that the RA machine and the gas boiler had been serviced and maintained in keeping with manufacturer's instructions on 23 October 2017 and 28 September 2018 respectively.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 15 (2) b <b>Stated:</b> First time	The registered person shall ensure that all pressure vessels in the practice are inspected in keeping with the written scheme of examination for pressure vessels and records retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that all pressure vessels in the practice had been inspected on 14 May 2018 in keeping with the written scheme of examination for pressure vessels and the records had been retained.	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	The registered person shall ensure that fire	<b>Partially Met</b>

<b>Ref:</b> Standard 14.2  <b>Stated:</b> First time	safety training is provided and fire drills are undertaken on an annual basis. A record should be kept in this regard.	
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that a fire drill had been carried out on 25 April 2018 and a record had been retained. Mr Gilleece confirmed that the fire drill had been viewed as fire safety training and therefore formalised fire safety training had not taken place. Advice was given on the matter in relation to online fire safety training in addition to the regular on site fire drills. Mr Gilleece was receptive to this advice.  This area of improvement has been partially addressed and the unmet component is stated for a second time.	

**5.0 Inspection findings**

An announced inspection took place on 10 October 2018 from 10.50 to 12.10.

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 Gilleece and two dental nurses. 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 that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were 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 and have carried out timed drills on this matter. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. The safe

administration and dosage of Adrenaline was discussed with Mr Gilleece who was receptive to advice provided.

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 5 October 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Relative analgesia (RA) is offered in this practice as a form of sedation. It was confirmed that the RA machine had been serviced within the last year. Mr Gilleece confirmed that a nitrous oxide risk assessment has been arranged to identify the risks and control measures required in accordance with the DOH guidance issued on 6 September 2017.

### **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.

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

## **5.2 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 were 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 on 1 August 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audits are carried out by a dental nurse. Discussion with Mr Gilleece and staff 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.

### 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

## 5.3 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.

As discussed a review of the most recent IPS audit, completed during 1 August 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

**Areas of good practice**

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has three surgeries, two of which have an intra-oral x-ray machine. In addition there is a cone beam CT scanner (CBCT) located in one of the surgeries.

Mr Gilleece 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.

Three dedicated radiation protection files contained the relevant local rules, employer’s procedures and other additional information was retained. The radiation protection supervisors (RPS) regularly review the information contained within the files 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 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.

The RPSs 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

### 5.5 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.

The practice did not collect any equality data on patients and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

### 5.6 Patient and staff views

Fourteen 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 patient questionnaire responses are as follows:

- “This is a first class operation where all staff display competent and courteous efficiency and that priceless asset of providing a calming and reassuring atmosphere and experience”.
- “All is great”.
- “Very good dental care”.
- “Very satisfied with all aspects of my care”.
- “The practice gives instant attention when there is a dental problem, often on the same day”.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three staff submitted questionnaire responses to RQIA. All indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

### 5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Gilleece, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>	The registered persons shall ensure that fire safety training is provided on an annual basis. A record should be kept in this regard.
<b>Ref:</b> Standard 14.2	Ref: 4.1
<b>Stated:</b> Second time	<b>Response by registered person detailing the actions taken:</b>
<b>To be completed by:</b> 10 November 2018	

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

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



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