

# Announced Care Inspection Report 1 February 2019



## Dental Solutions

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

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**Inspector: Stephen O'Connor**

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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 one registered place. A variation to registration application was submitted to RQIA during 2018. This variation application relates to the construction of an extension; the reconfiguration of some areas of the existing premises and the establishment of a second surgery. Additional information in this regard can be found in section 5.7 of this report.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> C G Advance Solutions Ltd  <b>Responsible Individual:</b> Mr Ciaran Gillan	<b>Registered Manager:</b> Mr Ciaran Gillan
<b>Person in charge at the time of inspection:</b> Mr Ciaran Gillan	<b>Date manager registered:</b> 26 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 4.0 Action/enforcement taken following the most recent inspection dated 27 July 2017

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 27 July 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 25 (4) (c) (d)  <b>Stated:</b> First time	The registered person shall provide fire safety awareness training and carry out fire evacuation drills on an annual basis in keeping with health and safety legislation.  Records of training and drills should be retained.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that all staff attended fire safety awareness training facilitated by an external organisation on 21 August 2017. The practice manager was advised that fire safety awareness training should be refreshed on an annual basis in keeping with RQIA's training guidance for dental practices. Assurances were provided that fire safety awareness training would be provided during the next staff meeting.</p> <p>Review of records evidenced that staff participated in fire evacuation drills on 27 September 2017 and 17 September 2018.</p>	
<p><b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall establish a system to ensure that all staff receive appropriate training to fulfil the duties of their role.</p> <p>Training records should also be retained of any training provided.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that a team training file has been established. Each staff member retains a record of their continuing professional development (CPD) in the training file. All completed CPD is recorded in a master training log and this is reviewed by Mr Gillan. Staff confirmed that CPD is discussed during their appraisals and development plans are generated, if required.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that policies and procedures for the safeguarding and protection of children and adults at risk of harm are further developed. The policies should include the following:</p> <ul style="list-style-type: none"> <li>• names of identified safeguarding leads</li> <li>• definitions of abuse</li> <li>• types and indicators of abuse</li> <li>• onward referral arrangements including Gateway team contact numbers</li> <li>• documentation of safeguarding concerns</li> <li>• arrangements in respect of refresher training</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Separate safeguarding adults and children folders have been developed. Each folder includes the safeguarding policy and regional best practice guidance documents. Each policy includes the name of the safeguarding lead, the types of and indicators of abuse, the procedure to be followed if abuse is suspected and the contact details for onward referral if required. Dates staff completed safeguarding training are also recorded in each folder.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the windowsill in the decontamination room is made good and cabinetry in the surgery is sealed where it meets the flooring.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the windowsill in the decontamination room had been repainted. The windowsill was observed to be intact and it can be easily cleaned.</p>		

## 5.0 Inspection findings

An announced inspection took place on 1 February 2019 from 10:55 to 12:50.

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 Ciaran Gillan, responsible individual, the practice manager who is also a registered dental nurse and a dental nurse. A tour of the premises was also undertaken.

Two areas of improvement against the regulations and one area for improvement against the standards have been identified. The areas for improvement against the regulations relate to ensuring that a written scheme of examination is prepared in respect of the pressure vessels and that the intra-oral x-ray machine is serviced in keeping with the manufacturer's instructions. The area for improvement against the standards relates to ensuring Buccolam pre-filled syringes are available in the various doses in keeping with best practice guidance. The findings of the inspection were provided to 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 most emergency medicines were retained in keeping with the British National Formulary (BNF). It was observed that Buccolam 5mg pre-filled syringes were available. However, in keeping with the BNF, dental practices should be able to administer four doses (2.5mg, 5mg, 7.5mg and 10mg). The appropriate dose to be administered is dependent on the age of the patient. During September 2018 the Health and Social Care Board (HSCB) issued a letter to all dental practices advising that the 'full dose' of the pre-filled syringe should be administered and that 'part doses cannot be administered'. An area for improvement against the standards has been made in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 June 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.

### Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that, in the main, 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

Buccolam pre-filled syringes should be available in the various doses as advised by the HSCB and BNF.

	Regulations	Standards
Areas for improvement	0	1

## 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 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 September 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The practice manager confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues, that any learning identified would be shared with staff at the time and discussed further at staff meetings.

It was confirmed that staff take it in turns to complete the IPS audit. It was suggested that this practice should continue as it will help to empower staff; promote staff understanding of the audit, IPC procedures and best 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.

It was confirmed that the dental chair has an independent bottled water system that is filled with distilled water diluted with a commercially available biocide to disinfect the Dental Unit Water Lines (DUWLs). The dental nurse advised that the water bottle is removed at the end of the day, rinsed, inverted and left to dry overnight. It was suggested that the manufacturer's instructions for the biocide used should be reviewed to establish if the water bottle should be removed at the end of the day or left on the system. The practice manager readily agreed to this.

### 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 the dental surgery 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 two steam sterilisers have been provided to meet the practice requirements. It was confirmed that only one of the steam sterilisers is used routinely, the second steam steriliser would only be used in the event of the primary steam steriliser malfunctioning. The equipment used in the decontamination process had been appropriately validated 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.

It was confirmed that the pressure vessels in the practice had not been inspected in keeping with a written scheme of examination of pressure vessels. This matter was discussed with Mr Gillan. An area of improvement against the regulations has been made in this regard.

**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**

A written scheme of examination should be prepared for the pressure vessels in the practice.

	Regulations	Standards
Areas for improvement	1	0

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has one surgery which has an intra-oral x-ray machine.

Mr Gillan 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.

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 during November 2018 demonstrated that most of the recommendations made have been addressed. The RPA had included a recommendation to ensure the intra-oral x-ray machine is serviced in keeping with the manufacturer’s instructions. No records were available to evidence that this recommendation had been addressed. An area for improvement against the regulations has been made in this regard.

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

Mr Gillan 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

Establish arrangements to ensure the intra-oral x-ray machine is serviced and maintained in keeping with the manufacturer's instructions.

	Regulations	Standards
Areas for improvement	1	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 the practice manager.

## 5.6 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All six 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 six patients indicated that they were very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- "Very attentive staff and very helpful, always."
- "All staff know exactly what they are doing. Very helpful and always go above and beyond."
- "Nice people to deal with."
- "Top quality practice, led by three top class professionals. As a nervous patient I was put at ease as soon as I walked through the door until treatment was complete. Only practice I've ever felt this comfortable in."

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Two staff completed the questionnaire. One staff member indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. This staff member indicated that they were very satisfied with each of these areas of patient care. One staff member indicated that they were very unsatisfied with each of these areas of patient care. However, this questionnaire included the following positive comment:

- “I enjoy coming to work every day. Together as a team we communicate and display good professionalism towards each other and our patients.”

Given the positive comment it is a reasonable conclusion that the staff member meant to select very satisfied as opposed to very unsatisfied.

### 5.7 Additional areas reviewed

As discussed in section 2.0 of this report; a variation to registration application was submitted to RQIA during 2018. This variation application relates to the construction of an extension; the reconfiguration of some areas of the existing premises and the establishment of a second surgery.

It was confirmed that building works commenced in May 2018 and have been concluded. A tour of the premises evidenced that the new extension and reconfigured area of the practice houses a proposed second surgery and x-ray room, a staff kitchen, patient toilet which is disabled accessible, a staff toilet and a large store room.

Although building work has been completed; it was observed that the room the second surgery is to be established in has yet to be fitted out. No equipment has been installed in the x-ray room. Mr Gillan confirmed that he has no immediate plans to finish the second surgery or install equipment in the x-ray room.

Mr Gillan confirmed that building control has signed off on the new extension and he agreed to submit a copy of this to RQIA.

### 5.8 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

### 6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 March 2019	The registered person must ensure that a written scheme of examination is prepared for all pressure vessels in the practice in keeping with The Pressure Systems Safety Regulations (Northern Ireland) 2004. A copy of the written scheme of examination inspection reports should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).  <b>Ref:</b> 5.3  <b>Response by registered person detailing the actions taken:</b> this is currently being arranged with our engineer and insurance company. a copy of this will be sent when completed
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 March 2019	The registered person shall ensure that arrangements are established to service the intra-oral x-ray machine in keeping with the manufacturer's instructions.  <b>Ref:</b> 5.4  <b>Response by registered person detailing the actions taken:</b> this is now in place and has ben carried out

<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 12.4 <b>Stated:</b> First time	The registered person shall ensure that Buccolam pre-filled syringes are available in the various doses as recommended by the Health and Social Care Board (HSCB) and British National Formulary (BNF). Ref: 5.1
<b>To be completed by:</b> 1 March 2019	<b>Response by registered person detailing the actions taken:</b> all various doses now available

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



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