

Announced Care Inspection Report 13 November 2019



Gentle Dental Care

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

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Inspector: Emily Campbell

www.rgia.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 dental practice with four dental surgeries, providing private dental care and treatment.

3.0 Service details

Organisation/Registered Providers: Mr Adam Jaffa Mrs Lucy Stock	Registered Manager: Mr Adam Jaffa
Persons in charge of the establishment at the time of inspection: Mr Adam Jaffa Mrs Lucy Stock	Date manager registered: 22 November 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 11 December 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 13 November 2019 from 10:25 to 13:15.

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 Adam Jaffa and Mrs Lucy Stock, registered persons, and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Jaffa and Mrs Stock 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 in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. However, Buccolam pre-filled syringes were available in 5mg doses only. The Buccolam provided does not facilitate the accurate administration of 2.5mg and 7.5mg doses should it be required. This was discussed and Mr Jaffa confirmed by email on 29 November 2019 that Buccolam 2.5mg doses had been provided.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. The Glucagon medication was stored in the fridge and daily fridge temperatures were retained. However, the fridge temperature recording template stated that Glucagon should be stored between 1 and 4 degrees Celsius and the majority of temperature records showed that the Glucagon was stored at 1 degree Celsius. The manufacturer's instructions direct that if Glucagon is stored in the fridge it should be stored between 2 and 8 degrees Celsius. This was discussed with Mr Jaffa who agreed to amend the template. Mr Jaffa confirmed by email on 29 November 2019 that the Glucagon medication had been replaced.

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, in general, 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 received, no areas for improvement were identified.

	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.

Mr Jaffa and Mrs Stock confirmed that conscious sedation is provided to patients in the form of Inhalation sedation, known as relative analgesia (RA) and intravenous sedation (IV).

A policy and procedure in relation to the management of conscious sedation is 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).

Review of 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.

A review of records and discussion with Mr Jaffa and Mrs Stock confirmed that the RA equipment has been serviced in keeping with manufacturer’s instructions.

Medicines used during IV sedation were appropriately stored. A system was in place for each individual dentist, providing this type of sedation, 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 September 2019, 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 most recent audit was carried out by the lead decontamination nurse. Discussion with staff confirmed that any learning identified as a result of these audits is shared at team 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.

Mr Jaffa confirmed that records are retained in respect of the Hepatitis B vaccination status of all clinical staff. Review of the most recently recruited clinical staff member evidenced 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

5.4 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 two steam sterilisers, has been provided to meet the practice requirements. Only one steriliser was operational, the second steriliser having broken down; Mr Jaffa confirmed this would be replaced with a new one. 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

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) scanner which is located in a separate room.

Mrs Stock, 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. Mrs Stock regularly reviews the information contained within the files to ensure that it is current.

The appointed RPA completes a quality assurance check every three years in respect of the intra-oral x-ray machines. This was last carried out on 18 October 2019 and the RPA report was received in the practice on the day prior to the inspection. The RPA carried out a critical examination of the new CBCT machine on commission in April 2018.

There was no evidence of an annual review of the CBCT by the RPA and Mr Jaffa agreed to discuss this with the RPA. Mr Jaffa confirmed by email on 29 November 2019, that the RPA undertook a quality assurance check on 28 November 2019. Assurances were given that any recommendations made by the RPA would be addressed.

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

The practice 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

Further to information received, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

5.6 Complaints management

There was a complaints policy and procedure in place. A minor amendment was made to the policy following the inspection to ensure it 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. 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.

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 Additional areas examined

Prior to the inspection Mr Jaffa submitted a copy of the patient guide to RQIA. The patient guide needed further development to ensure it was in keeping with regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. A revised patient guide was submitted to RQIA by email on 29 November 2019, which contained the relevant information.

5.8 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 Jaffa and/or Mrs Stock are in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.9 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 Jaffa and staff.

5.10 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. Seventeen patients indicated that they were very satisfied or satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. One patient indicated they were very unsatisfied with each of these domains. The following comments were provided in submitted questionnaires:

- “The staff are always friendly and professional. I always feel comfortable, even when a little nervous. I have even had my hand held during a filling as I was scared. Would happily recommend to any friends/family.”
- “Care/treatment is superb! More than just caring about the teeth.”
- “I had a phobia about anything medical. After 18 years I visited Gentle Dentistry. I received special attention, care and patience. I have now got over my dental phobia.”

Staff were invited to submit questionnaire responses electronically. No questionnaire responses were submitted to RQIA.

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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