

# **Announced Care Inspection Report 24 September 2019**



## **David Montgomery Dental Practice**

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

**Address: 11 University Street, Belfast, BT7 1FY**

**Tel No: 028 9032 3321**

**Inspector: Philip Colgan**

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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 Provider:</b> Mr David Montgomery	<b>Registered Manager:</b> Mr David Montgomery
<b>Person in charge at the time of inspection:</b> Mr David Montgomery	<b>Date manager registered:</b> 26 April 2012
<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 08 January 2019

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 08 January 2019

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 15 (7)  <b>Stated:</b> First time	<p>The registered person shall address the infection prevention and control issues in keeping with best practice as follows:</p> <ul style="list-style-type: none"> <li>the ground floor surgery should be deep cleaned</li> <li>colour coded cleaning equipment should be provided and stored in accordance with the National Patient Safety Agency (NPSA) guidance and all staff should be aware of the colour coded system to be used</li> <li>all staff should adhere to hand hygiene in keeping with best practice</li> <li>sharps boxes should be signed and dated on assembly and closure and stored off the floor</li> <li>the fabric covered chair should be removed from the identified surgery</li> <li>the toilet rolls stored on top of the toilet cisterns should be wall mounted and excess toilet rolls stored in a clean area</li> <li>the torn headrest in the identified dental chair should be repaired</li> <li>the practice of using a nail brush to clean reusable dental instruments should cease and long handled brush should be used during the manual cleaning process</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and inspection of the premises confirmed that each of the areas for improvement identified have been met.</p>	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 18 (2)  <b>Stated:</b> First time	The registered person shall ensure that all clinical staff receive refresher training in infection prevention and control in keeping with best practice. Training records should be made available for inspection.	<b>Met</b>
	<b>Response by registered person detailing the actions taken:</b> Review of staff files and records of training evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15(3)  <b>Stated:</b> First time	The registered person shall ensure that all reusable dental instruments are reprocessed using a validated decontamination cycle. The washer disinfectant should be repaired or a replacement validated washer disinfectant should be installed and incorporated into the decontamination process.	<b>Met</b>
	<b>Response by registered person detailing the actions taken:</b> Discussion with Mr Montgomery and staff and inspection of the decontamination room evidenced that all reusable dental instruments are reprocessed using a validated decontamination cycle and that a new washer disinfectant has been installed. This area for improvement has been met.	

<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>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention society (IPS) audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control and decontamination. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.	<b>Met</b>
	<b>Response by registered person detailing the actions taken:</b> Review of documentation evidenced that this area for improvement has been met	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.</p> <p>A risk assessment should be undertaken for all staff who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.</p> <p><b>Response by registered person detailing the actions taken:</b> Safer sharps are available and used in the main. Where they are not used a risk assessment has been undertaken and signed by staff who do not use safer sharps.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the automatic control test (ACT) in respect of the identified steam steriliser is undertaken daily and recorded in keeping with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices.</p> <p><b>Response by registered person detailing the actions taken:</b> Review of documentation evidenced that the ACT is routinely carried out and documented. This area for improvement has been met.</p>	<p><b>Met</b></p>

## 5.0 Inspection findings

An announced inspection took place on 24 September 2019 from 08.45 to 10.00.

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 David Montgomery, registered provider, and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Montgomery 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. 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 February 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

No areas for improvement were identified during the inspection.



	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 Montgomery confirmed sedation is not offered in this practice.

## 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 August 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. Mr Montgomery confirmed that any learning identified as a result of these audits is shared at staff meetings.

It was confirmed that no new clinical members of staff had been recruited in 2018-19. Mr Montgomery was aware that clinical staff members new to dentistry must be referred to occupational health and that records to evidence the Hepatitis B vaccination status for all staff should be retained.

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

### 5.4 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. 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 three surgeries, each of which has an intra-oral x-ray machine.

Mr Montgomery confirmed that, as the radiation protection supervisor (RPS), he 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 Montgomery 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 2017, 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 RPS 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
Areas for improvement	0	0

## 5.6 Complaints management

There was a complaints policy and procedure in place which 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 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.

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.

An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The practice retains compliments received, e.g. thank you letters and cards, and there are systems in place to share these 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 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 Montgomery 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 Montgomery

### 5.9 Patient and staff views

Eighteen 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

A comment included in the submitted questionnaire responses is as follows:

- “Excellent dental practice. I’ve been a patient for years, wouldn’t go anywhere else.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three completed staff questionnaires were received, two of which expressed dissatisfaction in some areas. The third staff member indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. During the inspection it was clear that the two staff members were very satisfied with all aspects of the practice and had, in error, responded incorrectly.

#### 5.10 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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