

# Announced Care Inspection Report 7 November 2019



## Greenisland Dental Practice

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 50 Station Road, Greenisland, BT38 8TP**  
**Tel No: 028 9086 0565**  
**Inspector: Bridget Dougan**

[www.rqia.org.uk](http://www.rqia.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 registered dental practice with three registered places.

## 3.0 Service details

<b>Responsible Individuals:</b> Dr Beverley Eller Ms Carol McVeigh Ms Lynne Abbott	<b>Registered Manager:</b> Dr Beverley Eller
<b>Persons in charge at the time of inspection:</b> Dr Beverley Eller Ms Carol McVeigh Ms Lynne Abbott	<b>Date manager registered:</b> 18 July 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

## 4.0 Action/enforcement taken following the most recent inspection dated 27 February 2019

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

## 5.0 Inspection findings

An announced inspection took place on 07 November 2019 from 10.00 to 12.30.

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 Dr Eller, Ms McVeigh, Ms Abbott, responsible individuals, the lead dental nurse and a receptionist.

A tour of the premises was also undertaken.

The findings of the inspection were provided to Dr Eller, Ms McVeigh, Ms Abbott and the lead dental nurse 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 January 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.

The responsible individuals confirmed that conscious sedation is provided in Greenisland Dental Practice. Discussion with the responsible individuals evidenced that inhalation sedation known as relative analgesia (RA) is provided by all dentists. The practice does not offer intravenous (IV) or oral sedation to patients.

A policy and procedure in relation to the management of conscious sedation was in place at the time of the inspection. A minor amendment was suggested and the amended policy was forwarded by Ms Abbott to RQIA following the inspection.

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), which is the best practice guidance document endorsed in Northern Ireland.

Review of care records evidenced that the justification for using sedation and consent for treatment were recorded, however pre, peri and post clinical observations were recorded.

Information was available for patients in respect of the treatment provided and aftercare arrangements.

Discussion with the responsible individuals and review of training records evidenced that most of the members of the dental team providing treatment under conscious sedation had received theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. It is advised that all members of the dental team providing treatment under conscious sedation should have evidence of training according to best practice. It was confirmed that conscious sedation training had been planned for March 2020 for all dentists in the practice. This training will be cascaded to all dental nurses and will include evidence of a competency assessment.

A review of records and discussion with the responsible individuals confirmed that the RA equipment has been serviced in keeping with manufacturer’s instructions. The responsible individuals confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

**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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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. Discussion took place regarding the storage of mops/buckets and Ms Abbott confirmed that alternative storage arrangements would be provided.

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 November 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The responsible individuals confirmed that the clinical team completes the audit on a six monthly basis and that, should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

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.

Review of the staff register identified that the most recently recruited staff member commenced work during October 2019. Review of personnel records in relation to this staff member demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by an occupational health department. The responsible individuals confirmed that all clinical staff members, new to dentistry, are referred to occupational health.

**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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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 receives 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 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>	<b>0</b>	<b>0</b>

**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.

Ms Abbott, as 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. Ms Abbott regularly reviews the information contained within the file to ensure that it is current.

Ms Abbott advised that an intra-oral x-ray machine had been decommissioned and a new intra-oral x-ray machine had been installed in surgery two in September 2019. A critical examination and acceptance test had been undertaken by the RPA at that time. 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.

Ms Abbott 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. Ms Abbott confirmed that complaints are 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 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.

The responsible individuals are 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 the responsible individuals.

## 5.9 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All four 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.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 5.10 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## 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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