

Announced Care Inspection Report 17 October 2019



The Dental Centre

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

Address: 315-317 Donegal Road, Belfast, BT12 6FQ

Tel No: 028 9032 8765

Inspector: Philip Colgan

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 2 registered places.

3.0 Service details

Organisation/Registered Provider: Mr Jan Gilbert	Registered Manager: Mr Jan Gilbert
Person in charge at the time of inspection: Mr Jan Gilbert	Date manager registered: 4 October 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 12 September 2018

The most recent inspection of the establishment 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 12 September 2018

Quality Improvement Plan		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person shall ensure that all recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, are sought for any new person, prior to the commencement of employment in the practice, and records retained for inspection.	Met
	Action taken as confirmed during the inspection: Examination of staff records evidenced that this area for improvement has been met.	

Area for improvement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any staff member commencing employment in the practice. An AccessNI enhanced disclosure check should be completed for the identified staff member returning to the practice under a new contract of employment.	Met
	Action taken as confirmed during the inspection: Examination of the identified staff member's record evidenced that this area for improvement has been met.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that Buccolam pre-filled syringes and Adrenaline are available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF.	Met
	Action taken as confirmed during the inspection: Examination of the emergency medication confirmed that Buccolam pre-filled syringes and Adrenaline are available in sufficient quantities and doses as recommended. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that equipment used in the decontamination process is validated every twelve months. A copy of the validation certificate for the washer disinfector and the steriliser should be provided to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: The current validation certificates for the washer disinfector and the steriliser were available during the inspection. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that X-ray equipment is serviced as recommended in the report of the most recent visit by the radiation protection advisor (RPA) on 20 March 2017. A copy of the service report should be provided to RQIA with the returned QIP.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: A copy of the service report for the x-ray equipment was available during the inspection. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice. A record of the following should be retained for all AccessNI checks undertaken:</p> <ul style="list-style-type: none"> • staff name • date the disclosure check was applied for • date the disclosure check was issued • the unique identification number • the outcome of the assessment of the disclosure • signature of the person assessing the disclosure 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Examination of staff records evidenced that each aspect of this area for improvement has been met.</p>		

Area for improvement 5 Ref: Standard 11.1 Stated: First time	The registered person shall ensure that the staff register contains details of name; date of birth; position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection	Met
	Action taken as confirmed during the inspection: Examination of staff records evidenced that each aspect of this area for improvement has been met.	

5.0 Inspection findings

An announced inspection took place on 17 October 2019 from 14.20 to 15.25.

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 Jan Gilbert, 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 Gilbert 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 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.

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 Gilbert confirmed that 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 every six months, 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 Gilbert confirmed that any learning identified as a result of these audits is shared at staff meetings.

Review of the staff register identified that one new clinical staff member commenced work in the practice during 2018-19. Review of the personnel record in relation to this staff member evidenced that records to evidence their Hepatitis B vaccination status were retained. These records had been generated by an occupational health department.

Mr Gilbert confirmed that in the future any recruited clinical staff members new to dentistry would be referred to occupational health.

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 disinfector and a steam steriliser, 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 two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine which is housed in a separate room.

Mr Gilbert 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 Gilbert 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. Minor amendments were made to the policy and procedure during 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 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.

There have been no complaints since the previous inspection; however, discussion with Mr Gilbert and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was confirmed that records of complaints would include 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.

Mr Gilbert confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision as necessary.

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 Gilbert 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 Gilbert.

5.9 Patient and staff views

Six 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 the submitted questionnaire responses are as follows:

- “Great patience and expertise always.”
- “Professional and caring establishment.”

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
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 is not required or included, as part of this inspection report.



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