

# **Announced Care Inspection Report 21 September 2018**



## **Gardiner Dental Practice**

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

**Address: 6-8 Henry Street, Ballymena BT42 3AH**

**Tel No: 028 2565 9413**

**Inspectors: Stephen O'Connor and Bridget Dougan**

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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 five registered places.

## 3.0 Service details

<b>Organisation/Registered Persons:</b> Mr Colin Gardiner Mrs Amanda Gardiner	<b>Registered Manager:</b> Mr Colin Gardiner
<b>Persons in charge at the time of inspection:</b> Mr Colin Gardiner Mrs Amanda Gardiner	<b>Date manager registered:</b> 25 January 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 4.0 Action/enforcement taken following the most recent inspection dated 24 October 2017

The most recent inspection of the Gardiner Dental Practice 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 24 October 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 19 (2) Schedule 2, as amended  <b>Stated:</b> First time	The registered persons must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that one new staff member has commenced work in the practice since the previous inspection. Review of the recruitment and selection records for the	

	identified staff member evidenced that an AccessNI enhanced disclosure certificate had been sought and reviewed prior to the staff member commencing work. Mrs Gardiner is aware that an AccessNI enhanced disclosure check must be sought and reviewed prior to any new staff members commencing work in the future.	
<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 persons should ensure that all periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 are undertaken and recorded for all equipment used to decontaminate dental instruments.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of logbooks for the equipment used to decontaminate reusable dental instruments evidenced that all periodic tests are undertaken and recorded in keeping with HTM 01-05.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time	The registered persons should ensure that the adult safeguarding policy is reviewed and further developed to ensure it fully reflects the regional best practice guidance.  The policy should include the types and indicators of abuse, the name of the safeguarding lead, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The updated policy should be shared with staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that the adult safeguarding policy was reviewed following the previous inspection. Review of the updated policy evidenced that it fully reflected the regional best practice guidance document.	

## 5.0 Inspection findings

An announced inspection took place on 21 September 2018 from 13:30 to 15:40. The inspection was facilitated by Mrs Gardiner.

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 Mrs Gardiner, registered person and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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 discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mrs Gardiner advised that Buccolam and Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. 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 2018. In addition to the practical hands on training facilitated by an external organisation, in house refresher training on the management of a medical emergency was held during September 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.

Inhalation sedation is available as required for patients in accordance with their assessed need. It was confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration units. A policy and procedure to include the factors to

taken into consideration when scheduling inhalation sedation appointments, was in place. It was confirmed that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 has been completed. Mrs Gardiner facilitated in house refresher training on inhalation sedation following receipt of the NIAIC alert.

### 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 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 were 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 by Mrs Gardiner during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Gardiner confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that learning from audits is shared with staff at the time and discussed during staff meetings.

It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will 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.



## 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 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 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
Areas for improvement	0	0

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate area.

Mrs Gardiner confirmed that the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that 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 radiation protection supervisor (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 most recent RPA reports 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.

All dentists take 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



## 5.5 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 Mrs Gardiner.

Discussion with Mrs Gardiner and review of information evidenced that the equality data collected was managed in line with best practice.

## 5.6 Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All 11 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 11 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:

- “I have been a patient of Mrs Gardiner for over 20 years. During my childhood/adulthood I had a phobia of the dentist. Mrs Gardiner and her staff helped me overcome my fear, they all have patience and understand your individual needs and fears! I have no problem attending my dental appointments as when you are in the chair the staff always put you at ease. Excellent staff, especially Mrs Gardiner.”
- “The practice offers a very professional and caring service. I am extremely anxious during my treatment and I am always treated with understanding and respect.”
- “Happy with the care and treatment I receive.”
- “We have attended this practice for many years and are more than happy with the care we have received. Mrs Gardiner has been most helpful down the years.”
- “Mrs Gardiner is a superb dentist, professional, knowledgeable and very gentle.”

Nine staff submitted questionnaire responses to RQIA. Seven staff members indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Seven staff members indicated that they were very satisfied with each of these areas of patient care. Two staff members indicated that they were very unsatisfied with each of these areas of patient care. All staff spoken with during the inspection spoke about the practice in positive terms. No staff spoken with expressed any concerns or indicated that they were dissatisfied.

The staff questionnaire responses were shared with Mrs Gardiner following the inspection and Mrs Gardiner confirmed that the staff questionnaire responses would be discussed at the next staff meeting.

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



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