

# **Announced Care Inspection Report 20th August 2019**



## **Jones Dental Care**

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

**Address: 20 Broughshane Street, Ballymena, BT43 6EB**

**Tel No: 028 2565 6703**

**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 five registered places.

## 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Portman Healthcare Limited<br><br><b>Responsible Individual:</b><br>Mr Mark Hamburger | <b>Registered Manager:</b><br>Mrs Samara Macpherson |
| <b>Person in charge at the time of inspection:</b><br>Ms Ayesha Beverland   | <b>Date manager registered:</b><br>15 February 2018 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment  | <b>Number of registered places:</b><br>5            |

## 4.0 Action/enforcement taken following the most recent inspection dated 21 September 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 21 September 2019

| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) |   | Validation of compliance |
|--|---|--------------------------|
| <b>Area for improvement 1</b><br><br><b>Ref: Standard 13.4</b><br><br><b>Stated: First time</b>      | The registered person shall ensure that a weekly protein residue test is undertaken in respect of the DAC Universal.  | Met                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>Review of decontamination equipment logbooks evidenced that the protein residue test in respect of the DAC Universal has been carried out every Monday and recorded appropriately. |                          |

## 5.0 Inspection findings

An announced inspection took place on 27 August 2019 from 10.00 to 13.00.

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 Ms Ayesha Beverland, lead dental nurse, Ms Rea, Northern Ireland regional compliance facilitator for Portman Healthcare Ltd, one dental nurse and two receptionists. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Beverland and Ms Rea 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 the main emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Buccolam pre-filled syringes were available in 5mg and 10mg doses. In keeping with the Health and Social Care Board (HSCB) sufficient quantity and dosage of Buccolam pre-filled syringes should be retained. The HSCB specify that dental practices should be able to administer all four doses (2.5mg, 5mg, 7.5mg or 10mg) dependent on the patients' age and also be able to administer a second dose to the same patient, if required, and that part doses cannot be administered. This was discussed with Ms Beverland and Ms Rea who readily agreed to purchase additional stock. Following the inspection, confirmation was received from Ms Rea that sufficient stock of Buccolam pre-filled syringes to ensure adherence to HSCB guidance had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 November 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.

Ms Beverland and Ms Rea confirmed that conscious sedation is not provided.

### 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. Ms Beverland confirmed that the clinical team completes the audit on a rotational 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 a number of new clinical staff members recruited during 2018/19. Review of personnel records in relation to two of these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by the staff members' GP or by an occupational health (OH) department. Ms Rae was aware that that all clinical staff members recruited in the future should be referred to OH.

Ms Beverland informed the inspector that a small tear had been identified in the upholstery of one of the dental chairs and a number of cupboard doors in the decontamination room were bowed and she confirmed that arrangements were in place to have these repaired.

### 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, a DAC Universal and three steam sterilisers 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         |

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

The practice has five surgeries. Surgery one has an intra-oral x-ray machine; there is a separate x-ray room which has one intra-oral x-ray machine and an orthopan tomogram machine (OPG).

Ms Beverland and Ms Rae confirmed that the radiation protection supervisor (RPS) for the practice 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 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 report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

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. It was observed that one practitioner had not been included in the quality auditing of radiographs and this was discussed with the persons in charge. Confirmation was received from Ms Rae following the inspection that systems were now in place to ensure quality audits of radiographs includes all practitioners.

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

### 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 Department of Health (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 and the outcome of the complaint. It was agreed that a record should also be kept of the complainant's level of satisfaction with outcome of the complaint.

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.

### 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.

A visit by Ms Rae on behalf of the registered provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action

### Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 0         |

## 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 persons in charge.

## 5.9 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All 17 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 submitted questionnaire responses are as follows:

- “Friendly, pleasant dental practice.”
- “Super team! Have changed the going to the dentist experience for the better, thank you.”
- “This is a lovely caring dental practice. I live some distance from the dental surgery but would not go anywhere else.”
- “I receive excellent care from Laura and her team. I am always made aware of and informed of care and treatments regarding my teeth.”
- “Very happy with all the staff, who are very friendly”

- No staff submitted questionnaire responses to RQIA.

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



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