

Announced Care Inspection Report 10 September 2019



Loughside Dental Practice

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

Address: 214 - 216 Shore Road, Belfast, BT15 3QB

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Inspector: Norma Munn

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 one registered place.

3.0 Service details

Organisation/Registered Provider: Mr Andrew Nicholl	Registered Manager: Mr Andrew Nicholl
Person in charge at the time of inspection: Mr Andrew Nicholl	Date manager registered: 16 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: One

4.0 Action/enforcement taken following the most recent inspection dated 29 May 2018

The most recent inspection of Loughside Dental Practice was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 29 May 2018

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 10 September 2019 from 10.30 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 Mr Andrew Nicholl, registered person and one dental nurse. A tour of some areas of the premises was also undertaken.

Four areas for improvement against the standards have been identified in relation to the provision of emergency medication, developing a conscious sedation policy, ensuring that all members of the dental team providing treatment under conscious sedation have received appropriate training and the completion of a nitrous oxide risk assessment.

The findings of the inspection were provided to Mr Nicholl 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) were retained. It was observed that Adrenaline was retained in auto-injectors. Two doses of Adrenaline provided were in 150 micrograms strength, two in 300 micrograms strength and one in 500 micrograms strength. A discussion took place in relation to the procedure for the safe administration of Adrenaline and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and BNF. Mr Nicholl provided assurances that additional Adrenaline medication in the format as recommended by the HSCB would be ordered immediately following the inspection. Oral glucose was not available and Mr Nicholl agreed to order this also immediately following the inspection. An area for improvement has been made against the standards.

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 August 2018 and further training has been arranged to take place on 4 October 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 in general 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

Adrenaline and oral glucose should be available in the various doses and quantities needed as recommended by the HSCB and in keeping with the BNF.

	Regulations	Standards
Areas for improvement	0	1

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 Nicholl confirmed that conscious sedation is provided in the form of inhalation sedation, known as relative analgesia (RA).

It was identified that a policy and procedure in relation to the management of conscious sedation had not been developed. An area for improvement against the standards has been made. The best practice guidance document pertaining to the provision of conscious sedation in Northern Ireland is entitled 'Conscious Sedation in The Provision of Dental Care (2003)'. This document was discussed and Mr Nicholl readily agreed to implement a conscious sedation policy and procedure in keeping with best practice guidance.

Review of care records evidenced that the justification for using conscious sedation and consent for treatment had been completed. Mr Nicholl was advised to record the names of all General Dental Council (GDC) registrants involved during the procedure in the clinical record for each patient. The dental nurse confirmed that information is given to patients in respect of the treatment provided and aftercare arrangements.

Mr Nicholl confirmed that he is the only dentist providing RA sedation and is assisted by one of the dental nurses. Training records were reviewed to evidence that the dental nurse had received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. Mr Nicholl confirmed that he had previously completed conscious sedation training during the 1980's. However; Mr Nicholl confirmed that no further training updates had been undertaken since his initial training. Mr Nicholl was advised that he should complete conscious sedation refresher training in accordance with best practice. An area for improvement against the standards has been made.

A review of records and discussion with Mr Nicholl confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. It was identified that a nitrous oxide risk assessment had not been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. Mr Nicholl readily agreed to complete a nitrous oxide risk assessment and action any issues identified. An area for improvement against the standards has been made.

Areas for improvement

A policy and procedure in relation to the management of conscious sedation should be developed in keeping with best practice.

All members of the dental team providing treatment under conscious sedation should have received appropriate training in keeping with best practice. A record of training should be retained.

A nitrous oxide risk assessment should be completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

	Regulations	Standards
Areas for improvement	0	3

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 September 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. An action plan has been developed and any learning shared with staff at the time.

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.

Mr Nicholl confirmed that two members of staff had been recruited since the previous inspection. A review of personnel records in relation to these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had either been generated by the staff member's General Practitioner (GP) or by an occupational health department. Mr Nicholl was aware that newly recruited clinical staff members new to dentistry must be 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
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.

As discussed a review of the most recent IPS audit, completed during September 2019, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 have been provided to meet the practice requirements. The dental nurse confirmed that one of the steam sterilisers is rarely used. All of 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 had been undertaken and recorded in keeping with HTM 01-05 with the exception of protein residue tests in respect of the washer disinfectant. A review of documentation and discussion with the dental nurse confirmed that the protein residue tests had been completed and recorded up until June 2019. The dental nurse has agreed to undertake and record the protein residue tests with immediate effect in keeping with HTM 01-05.

The dental nurse was 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 in general 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 additional 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 one surgery which has an intra-oral x-ray machine.

Mr Nicholl is the radiation protection supervisor and is 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 Nicholl 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. The most recent RPA visit was carried out on 13 August 2019 and the RPA report dated 3 September 2019 had only just been received by the practice on the day of the inspection. A review of the report of the most recent visit demonstrated that recommendations had been made. Mr Nicholl has given assurances that the recommendations made will be addressed.

Mr Nicholl demonstrated sound knowledge of radiology and radiation safety in keeping with his role and responsibility.

Mr Nicholl 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.

There have been no complaints since the previous inspection; however, discussion with 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.

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 Nicholl, registered person 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 staff.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. The majority of patients indicated that they felt their care was safe, effective that they were treated with compassion and that the service was well led. However some of the patients indicated that they were either unsatisfied or very unsatisfied with these areas of their care. There were no comments made in relation to their level of dissatisfaction. This was discussed with Mr Nicholl who felt that these responses may have been made in error. No comments were included in the any of submitted questionnaire responses.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Discussion with the dental nurse confirmed that she had completed a questionnaire however, no completed staff questionnaires were received by RQIA.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	4

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with Mr Nicholl, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: 10 September 2019	The registered person shall ensure that Adrenaline and oral Glucose is provided in the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken: Glucose tablets are in the emergency drug kit. Further adrenaline will be added on becoming available
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 10 October 2019	The registered person shall ensure that a policy and procedure in relation to the management of conscious sedation is developed in keeping with best practice. Ref: 5.2
	Response by registered person detailing the actions taken: Policy and procedure in place.
Area for improvement 3 Ref: Standard 8.6 Stated: First time To be completed by: 10 November 2019	The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained. Ref: 5.2
	Response by registered person detailing the actions taken: A record of training will be kept by any staff involved in the provision of conscious sedation. Due to there no longer being a "suitably trained 2 nd person " the conscious sedation service has been withdrawn until further notice.
Area for improvement 4 Ref: Standard 8.6 Stated: First time To be completed by: 10 October 2019	The registered person shall ensure a nitrous oxide risk assessment is be completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. Ref: 5.2
	Response by registered person detailing the actions taken: Risk assessment in place.

Please ensure this document is completed in full and returned via Web Portal



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