

# Announced Care Inspection Report 8 October 2019



## Monkstown Dental

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 103 -105 Monkstown Road, Newtownabbey, BT37 0LG**  
**Tel No: 028 9086 3498**  
**Inspector: Emily Campbell**

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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 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 eight registered places.

## 3.0 Service details

<b>Organisation/Registered Providers:</b> Mr Philip Burns Ms Kathryn Gordon Mr Stephen Best Mr Mark Kirk Ms Christine Gregg	<b>Registered Manager:</b> Mr Philip Burns
<b>Person in charge at the time of inspection:</b> Ms Jessica Larmour, practice manager	<b>Date manager registered:</b> 2 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 8

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

The most recent inspection of the establishment 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 21 August 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 8 October 2019 from 9:50 to 13:05.

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 Jessica Larmour, practice manager, the practice co-ordinator, two associate dentists, and three dental nurses. The inspector also spoke briefly with Mr Philip Burns, registered person at the commencement of the inspection. 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 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.

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 Burns and Ms Larmour confirmed that conscious sedation is provided.

A policy and procedure in relation to the management of conscious sedation is in place, however, this lacked detail of all of the relevant components associated with conscious sedation. A revised policy was emailed to RQIA on 30 October 2019 which was reflective of best practice guidelines.

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).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was confirmed that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. Update training for all staff involved in conscious sedation is currently being planned to be delivered in the near future.

Inhalation sedation, known as relative analgesia (RA) is offered in this practice as a form of sedation. A review of records and discussion with Ms Larmour confirmed that the RA equipment has been serviced in keeping with manufacturer’s instructions. It was confirmed that a nitrous oxide risk assessment had 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.

The practice also offers intravenous sedation (IV) to patients. Medicines used during IV sedation were appropriately stored. Medications were not viewed during the inspection as the two dentists who provide IV sedation were not present at the time of assessment and are the only people who hold the keys to the medications in keeping with good practice. A system was in place for each individual dentist, providing this type of sedation, for the ordering, administration, reconciliation and disposal of these drugs.

**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**

Further to information received following the inspection, no areas for improvement were identified.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

**5.3 Infection prevention and control**

**Infection prevention and control (IPC)**

During a tour of some areas 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 April 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Larmour confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits are usually carried out by Ms Larmour, who confirmed that the findings of the IPS audit are discussed with staff at staff meetings.

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.

Records are retained regarding the Hepatitis B vaccination status of all clinical staff. Ms Larmour confirmed that all newly recruited clinical staff members 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>	0	0

**5.4 Decontamination of reusable dental instruments**

**Decontamination of reusable dental instruments**

Decontamination rooms, one for dirty instruments and one for clean instruments with an adjoining hatch, separate from patient treatment areas and dedicated to the decontamination Process, are available. The decontamination rooms facilitate 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 two washer disinfectors, a NSK care and Hand piece Cleaner and four steam sterilisers, 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
<b>Areas for improvement</b>	0	0

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

The practice has eight surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG) and a Cone Beam Computerised Tomography (CBCT) scanner which are located in a separate room.

It was confirmed that the 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. 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.

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 procedure, which was emailed to RQIA on 11 October 2019 and was found to be 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. 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.

**Areas of good practice**

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

**Areas for improvement**

Further to information submitted following the inspection, no areas for improvement were identified.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 Philip Burns, Ms Kathryn Gordon, Mr Stephen Best, Mr Mark Kirk and Ms Christine Gregg are partners in Monkstown Dental and at least one partner is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply. The partners meet on a monthly basis to discuss practice issues as part of their governance arrangements.

**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 Ms Larmour and staff.

**5.9 Patient and staff views**

Two patients submitted questionnaire responses to RQIA. Both indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comment was provided in a questionnaire response:

- “Excellent practice.”

Six staff submitted questionnaire responses to RQIA. Five staff indicated that they were very satisfied that patient care was safe, effective, that patients were treated with compassion and that the service was well led. One staff member indicated that they were very unsatisfied with each of these domains, however, they provided a very positive comment; it was therefore considered that the ratings were completed in error. Comments included in submitted questionnaire responses are as follows:

- “Brill place to work! Partners treat staff so well and lots of support given for work and personal issues.”
- “I feel the practice is very well run and patient safety & satisfaction is of most importance. Staff have ongoing training & any issues are updated at practice meetings.”
- “Love working here, the partners and management are very good to us, I would 100% recommend working here or joining as a patient, excellent care.”

**5.10 Total number of areas for improvement**

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

**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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