

Announced Care Inspection Report 20 August 2019



Portglenone Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 58 Main Street, Portglenone, BT44 8HR
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Inspector: Stephen O'Connor

www.rgia.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 three registered places.

3.0 Service details

Organisation/Registered Provider: Portglenone Dental Care Responsible Individual: Mrs Anne O'Rawe	Registered Manager: Mrs Anne O'Rawe
Person in charge at the time of inspection: Mrs Anne O'Rawe	Date manager registered: 09 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 17 October 2018

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

5.0 Inspection findings

An announced inspection took place on 20 August 2019 from 09:50 to 11:50.

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 Anne O'Rawe, responsible individual and two dental nurses. A tour of some areas of the premises was also undertaken.

Three areas for improvement against the standards have been made. These relate to ensuring Buccolam pre-filled syringes are available in sufficient doses and quantities, that Dental Unit Water Lines (DUWLs) are disinfected and that the details of the daily automatic control test (ACT) in respect of the steam steriliser are recorded in the machine logbook.

The findings of the inspection were provided to Mrs O'Rawe 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 most emergency medicines in keeping with the British National Formulary (BNF) were retained. It was observed that Buccolam pre-filled syringes were retained in a 2.5mg dose; four 2.5mg doses were available. Mrs O'Rawe was advised that Buccolam should be retained in sufficient quantities and doses in order to be able to administer the appropriate dose for the patient's age. Four doses are required which are 2.5mg, 5mg, 7.5mg and 10mg. Sufficient supply should be available to administer a second dose to the same patient if required. In keeping with the Health and Social Care Board (HSCB) guidance the full dose of the pre-filled syringe must be administered, part doses cannot be administered. An area for improvement against the standards has been made in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available in the practice with the exception of an automated external defibrillator (AED). It was confirmed that the practice has access to a community AED which can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. Medical emergency refresher training should be updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during January 2019 when staff completed an online training module. The most recent occasion staff completed practical hands on medical emergency refresher training was during January 2018. It was suggested that Mrs O'Rawe review the Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training - Primary dental care - Quality standards (May 2017) to determine if online medical emergency refresher training is sufficient. It was also suggested that advice and guidance from the medico-legal advisor should be sought in this regard.

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 the main 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

Buccolam pre-filled syringes must be available in sufficient doses and quantities in order to be able to administer the appropriate dose for the patient's age and a second dose to the same patient if required.

	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.

Mrs O'Rawe confirmed that conscious sedation is provided in Portglenone Dental Care. Discussion with Mrs O'Rawe evidenced that inhalation sedation known as relative analgesia (RA) is provided by all dentists in the practice.

A policy and procedure in relation to the management of conscious sedation was in place. 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), which is the best practice guidance document endorsed in Northern Ireland.

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 established 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. Training records for the dentists were forwarded to RQIA by email on 21 August 2019.

A review of records and discussion with Mrs O'Rawe confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. Mrs O'Rawe confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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. It was confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff. All dental nurses contribute to the completion of the audit, this is considered good practice and it encourages shared ownership of IPC 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.

Discussion with Mrs O'Rawe and staff evidenced that two new clinical members of staff commenced work in the practice during 2019. Review of personnel records in relation to one of these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. The record had been generated by an occupational health (OH) department. It was confirmed that the second staff member is currently attending OH and is undergoing the Hepatitis B vaccination programme; their final vaccination is due at the end of August 2019. Mrs O'Rawe is aware that all new clinical staff members recruited in the future should be referred to OH.

It was confirmed that the three dental chairs have independent bottled water systems. It was confirmed that the Dental Unit Water Lines (DUWLs) are flushed at the start of each session and between patients. However, it was not clear if the DUWLs were being disinfected with a commercially available biocide in keeping with the manufacturer's instructions. The disinfection of DUWLs is included in the IPS audit; therefore completion of the audit should have raised questions in regards to the disinfection of DUWLs. An area for improvement against the standards has been made in this regard.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given 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

DUWLs should be disinfected with a commercially available biocide in keeping with the manufacturer's instructions.

	Regulations	Standards
Areas for improvement	0	1

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 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 in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control tests (ACT) in respect of the steam steriliser are not recorded. An area for improvement against the standards has been made in this regard.

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 in the main 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

The details of the daily ACT should be recorded in the steam steriliser logbook.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine.

Mrs O'Rawe as 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. Mrs O'Rawe 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.

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

5.6 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 documentation and discussion with Mrs O'Rawe evidenced that no complaints have been received since the previous inspection. It was evidenced that appropriate arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mrs O'Rawe 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. An audit of complaints would be 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.

Mrs O'Rawe 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 Mrs O’Rawe and staff.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 20 patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Excellent practice.”
- “Very welcoming dentist, lovely team of staff.”
- “Very happy with all treatment.”

One staff member submitted a questionnaire response to RQIA. The staff member indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of patient care. The following comment was included in the submitted questionnaire response:

- “Great practice with a great team.”

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3

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 Mrs O’Rawe, responsible individual, 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2019</p>	<p>The registered person shall ensure that Buccolam pre-filled syringes are available in sufficient doses and quantities in order to be able to administer the appropriate dose for the patient's age and a second dose to the same patient if required.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: I can confirm that sufficient quantities of buccolam pre-filled syringes have been ordered.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2019</p>	<p>The registered person shall ensure that Dental Unit Water Lines (DUWLs) are disinfected with a commercially available biocide in keeping with manufacturer's instructions and Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>Ref: 5.3</p> <p>Response by registered person detailing the actions taken: I can confirm that we have purchased biocide in order to disinfect the water lines.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2019</p>	<p>The registered person shall ensure that the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbook.</p> <p>Ref: 5.4</p> <p>Response by registered person detailing the actions taken: I can confirm that, following staff training, the ACT is recorded in the steam steriliser logbook.</p>

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



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