

# Announced Care Inspection Report 2 December 2019



## Braid Dental Care

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

**Address: 21-23 Castle Street, Ballymena, BT43 7BT**

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**Inspector: Carmel McKeegan**

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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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr James Pirie	<b>Registered Manager:</b> Mr James Pirie
<b>Person in charge at the time of inspection:</b> Mr James Pirie	<b>Date manager registered:</b> 04 May 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

## 4.0 Action/enforcement taken following the most recent inspection dated 31 May 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 31 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 2 December 2019 from 10.15 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 James Pirie, registered person, Mrs Martina Pirie, practice administrator, an associate dentist and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr and Mrs Pirie 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. The most recent occasion staff completed medical emergency refresher training was on 13 November 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 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 and is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Pirie confirmed that conscious sedation in the form of inhalation sedation, known as relative analgesia (RA), is provided. A policy and procedure in relation to the management of conscious sedation is 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).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Mr Pirie stated the clinical records of patients provided with RA sedation are audited to ensure these records are completed in line with best practice guidance; audits were available for review in this regard.

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.

A review of records and discussion with Mr Pirie confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. 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.

### 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 on 27 September 2019 evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that required action. A time-bounded action plan was in place and staff confirmed that all learning from audits is shared with staff at the time and discussed again during 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.

Mr Pirie confirmed that no new clinical members of staff had been recruited since the previous inspection and records were retained to evidence the Hepatitis B vaccination status of all clinical staff. These records had either been generated by the staff member's General Practitioner (GP) or by an occupational health department. Mr Pirie 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.

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, a DAC Universal and two 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
Areas for improvement	0	0

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

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

Mr Pirie, as 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. Mr Pirie 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 during July 2019 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.

Mr Pirie 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 Pirie 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. 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 also indicated that they were very satisfied with each of these areas of their care. The following comments were provided in submitted patient questionnaire responses;

- 'Overall Braid provides a safe clean environment with excellent staff who are always there to help on any occasion.'
- 'Very friendly staff, appointments and reminders well organised.'
- 'It is excellent in every way.'
- 'I was an extremely nervous patient and XXXXX has helped me overcome my fears of Dentists and he always takes time to reassure me- explain and help me feel at ease. I no longer dread the Dentists.'
- 'The staff are very thorough but always make you feel comfortable.'
- 'Excellent practice.'

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Nine electronic staff questionnaire responses were received by RQIA. Eight respondents indicated that they were very satisfied that patient care was safe, effective, and compassionate and that the service was well led; one respondent indicated that they were satisfied in each of these areas. One respondent indicated they were very unsatisfied in relation to the practice being well led. No comments were provided in the staff questionnaire responses.

The results of the staff questionnaire responses were not available at the time of the inspection and were discussed with Mr Pirie following the inspection. Mr Pirie stated that he would speak with all staff as he was keen to learn what could be improved upon. RQIA are also mindful that it is also a possibility the staff member who submitted a very unsatisfied response did so in error.

During the inspection staff spoke very positively in terms of the governance arrangements and staff morale in the practice, there was no evidence to indicate that the practice was not being well led. As outlined above feedback provided by 20 patients is very complimentary of the treatment and care provided in Braid Dental Care and supports observations made during the inspection that Braid Dental Care is a well led dental practice, this conclusion is also endorsed by eight of the nine staff who completed the electronic questionnaire.

**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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