

Announced Care Inspection Report 8 November 2019



Quayside Dental and Implant Centre

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

Address: 85 - 87 Strand Road, Londonderry, BT48 7NW

Tel No: 028 7126 6000

Inspector: Carmel McKeegan

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

Organisation/Registered Provider: Quayside Dental and Implant Centre Responsible Individual: Mr Peter Hughes	Registered Manager: Mr Peter Hughes.
Person in charge at the time of inspection: Ms Pamela Devine, Practice Manager	Date manager registered: 16 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Five

4.0 Action/enforcement taken following the most recent inspection dated 19 September 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 19 September 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 November 2019 from 11.00 to 12.45.

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 Pamela Devine, practice manager, and a dental nurse. Mr Peter Hughes, registered person, visited the practice during the inspection and spoke

with the inspector. Ms Devine facilitated the inspection. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Devine 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 during January 2019. Ms Devine stated that arrangements are in place for this training to be provided for all staff in January 2020.

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 Hughes confirmed that conscious sedation is provided in the form of Intravenous Sedation (IV) in Quayside Dental and Implant Centre. Mr Hughes outlined the arrangements in place in the practice to ensure best practice is met in this regard.

The policy and procedure in relation to the management of conscious sedation was reviewed and was found to be in accordance with best practice guidance.

Review of training records and discussion with Mr Hughes 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. Mr Hughes and an associate dentist are the only dentists who provide IV sedation, and had completed refresher training provided by the Society for the Advancement of Anaesthesia in Dentistry (SAAD) on 2 and 3 November 2019 in London. It was confirmed that three dental nurses have completed formal sedation training, an additional two nurses are currently undertaking this training and that all staff have access to online conscious sedation training. Records of training are retained on site and available for inspection.

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.

Midazolam medication used during IV sedation was appropriately stored and a system was in place for the ordering, administration and disposal of Midazolam. Advice was provided to Ms Devine on how to further improve on the stock balance records of reconciliation of Midazolam medication.

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).

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 5 November 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 areas for improvement, an action plan would be generated to address the issues identified.

In discussion it was suggested that the audits be carried out by the dental nurses on a rotational basis. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice and provide the staff members with verifiable Continuing Professional Development (CPD). Staff confirmed that the findings of audits are discussed 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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was in place for the practice, which indicates the steps taken by individual dentists to reduce the risk of sharps injuries occurring. Ms Devine was advised that the use of safer sharps should be considered.

Discussion with Ms Devine confirmed that staff records for Hepatitis B vaccination status are reviewed and retained by the practice. These records had been generated by the staff member's GP and an occupational health (OH) department. Ms Devine confirmed that all clinical staff members recruited who were new to dentistry would be referred to OH.

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 two washer disinfectors 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 five surgeries each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) scanner.

Mr Hughes 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.

Two separate dedicated radiation protection files in respect of the intra-oral x-ray units and the CBCT, containing all relevant information, were in place. Mr Hughes regularly reviews the information contained within each file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years for the intra-oral machines and annually for the CBCT. A review of each of the reports of the most recent visits 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	X	X

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.

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. Ms Devine confirmed that an audit of complaints would be undertaken to identify trends, drive quality improvement and to enhance service provision.

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 Hughes 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

Fourteen patients submitted questionnaire responses to RQIA. Thirteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Thirteen patients also indicated that they were very satisfied with each of these areas of their care. One patient indicated that they were unsatisfied in each of these areas, however, it was noted that this patient had provided a very complimentary comment, this may suggest that the patient miss-read the questionnaire scoring scale. Four patients provided additional comments demonstrating a high level of satisfaction in relation to the care and treatment provided and recognition of helpful staff.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

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 Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care