# Announced Care Inspection Report
# 14 August 2018

# Clear Dental Ballymena

**Type of Service: Independent Hospital (IH) – Dental Treatment**
**Address: 73 - 75 Broughshane Street, Ballymena, BT43 6ED**
**Tel No: 028 2565 3800**
**Inspector: Carmel McKeegan**

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 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with four registered places.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Clear Dental Care (NI) Limited<br><br>**Responsible Individual:**<br>Dr Mark Tosh | **Registered Manager:**<br>Mrs Lindsay Mearns |
| **Person in charge at the time of inspection:**<br>Mrs Lindsay Mearns | **Date manager registered:**<br>27 November 2017 |
| **Categories of care:**<br>Independent Hospital (IH) – Dental Treatment | **Number of registered places:**<br>Four |

Clear Dental Care (NI) Limited is the registered provider for nine dental practices registered with RQIA. Mr Tosh is the responsible individual for Clear Dental Care (NI) Limited.

## 4.0 Action/enforcement taken following the most recent inspection dated 3 October 2017

The most recent inspection of Clear Dental Ballymena was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 3 October 2017

| **Areas for improvement from the last care inspection** | | |
|---|---|---|
| **Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 14.2<br><br>**Stated:** First time | The registered person shall ensure all of the recommendations contained in the fire and legionella risk assessments are addressed and written verification should be provided to RQIA upon return of the QIP. | **Met** |

| | | |
|---|---|---|
| | **Action taken as confirmed during the inspection**:<br>Discussion with Mrs Mearns and review of the risk assessments confirmed that all the recommendations contained in the fire and legionella risk assessments had been addressed. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 12.4<br><br>**Stated:** First time | The registered person shall ensure that Buccolam pre-filled syringes are provided in sufficient quantity and dosage as recommended by the HSCB. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the emergency medication box confirmed that Buccolam pre-filled syringes are provided in sufficient quantity and dosage as recommended by the Health and Social Care Board (HSCB). | |

## 5.0 Inspection findings

An announced inspection took place on 14 August 2018 from 10.15 to 12.00.

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 Mearns, registered manager and a dental nurse. A tour of some of the premises was also undertaken.

The findings of the inspection were provided to Mrs Mearns 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 25 April 2018.

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.

The practice offers inhalation sedation to patients. However, it was established that none of the dental nurses in the practice have an accredited qualification in conscious sedation. In keeping with Conscious Sedation in The Provision of Dental Care (2003), all members of the dental team providing treatment under Conscious Sedation must have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice. On 31 August 2018 RQIA received written confirmation that all relevant staff will receive in house training and records will be retained to verify that they all have completed the appropriate supervised theoretical, practical and clinical training in this regard.

As discussed, inhalation sedation is available as required for patients in accordance with their assessed need. Review of records confirmed that relative anaesthetic (RA) equipment is serviced annually. Guidance in the use of nitrous oxide was available; however, a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 06 September 2017 has not been completed. However Mrs Mearns verified that this area had already been identified in house and a risk assessment was nearing completion. The findings of the risk assessment will be shared with staff members.

**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 further areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Areas for improvement** | **0** | **0** |

## 5.2 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 were 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 2018 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 had been generated to address the areas that required improvement. Discussion with Mrs Mearns and staff confirmed that any learning identified as a result of these audits is shared with staff 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.

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. Mrs Mearns was advised that the use of safer sharps should be considered.

**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 |

## 5.3 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 April 2018, 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 disinfector 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 |

## 5.4 Radiology and radiation safety

**Radiology and radiation safety**

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

Mrs Mearns confirmed that Mr David Martin, associate dentist, 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 Martin 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.

Mrs Mearns stated that Mr Martin 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 |

## 5.5 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 Mearns.

## 5.6 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 patients indicated that they were very satisfied or satisfied with each of these areas of their care.

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

## 5.7 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.

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