

# Announced Care Inspection Report 5 July 2019



## B M Withers Dental Practice

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

**Address: 25 Linenhall Street, Ballymena, BT43 5AJ**

**Tel No: 028 2565 2565**

**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://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
- 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 one registered place.

## 3.0 Service details

<b>Organisation/Registered Person:</b> Mr Benjamin Withers	<b>Registered Manager:</b> Mr Benjamin Withers
<b>Person in charge at the time of inspection:</b> Mr Benjamin Withers	<b>Date manager registered:</b> 29 July 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 4.0 Action/enforcement taken following the most recent inspection dated 13 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 13 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 5 July 2019 from 09:55 to 12:20.

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 Benjamin Withers, registered person and a dental nurse. A tour of some areas of the premises was also undertaken.

Two areas for improvement against the regulations and two areas for improvement against the standards have been made. The areas for improvement against the regulations relate to ensuring that all members of the dental team providing treatment under conscious sedation have received appropriate training in the sedation techniques being used and developing and maintaining a logbook to reconcile stock of Midazolam used during intravenous sedation. The areas for improvement against the standards relate to developing an overarching conscious sedation policy and ensuring dental handpieces are decontaminated in keeping with best practice guidance and manufacturer’s instructions.

The findings of the inspection were provided to Mr Withers, registered person, 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 August 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.

**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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## 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 Withers confirmed that conscious sedation is only provided to persons over the age of 18 and that two types of sedation are provided in the practice, oral sedation and intravenous (IV) sedation. Mr Withers confirmed that both types of sedation are provided in isolation of each other and never used together during the same sedation treatment episode. The oral sedation provided involves the use of an oral premedication usually taken the night before the procedure.

The content of a file containing various documents in relation to conscious sedation was reviewed. The file contained information and various templates to be completed when providing conscious sedation. These included a checklist to be completed before carrying out IV sedation, consent for treatment under sedation, separate information leaflets for patients and their escorts, a sedation medical history, IV sedation assessment monitoring and checklist sheet and information in regards to commonly asked questions in relation to IV sedation. Mr Withers confirmed that the relevant templates are completed and retained to ensure that sedation treatments are undertaken in keeping with best practice guidance.

During discussion Mr Withers confirmed that an overarching conscious sedation policy had not been developed. An area for improvement against the standards has been made to develop an overarching conscious sedation policy. The policy should include arrangements in respect of the types of conscious sedation provided, the age range of patients, training of the dental team, sedation equipment/medication, factors that would exclude patients from receiving conscious sedation, preparation for sedation, sedation procedures and record keeping.

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.

Mr Withers confirmed that he had previously undertaken formal training in conscious sedation and has been providing conscious sedation for 15 years. Mr Withers stated that a consultant anaesthetist who works in a Health and Social Care Board (HSCB) hospital visited the practice; discussed IV sedation techniques and supervised Mr Withers during an IV treatment. However, no record was made in this regard. No records were available to confirm that Mr Withers has undertaken formal training in conscious sedation. A designated nurse assists Mr Withers during conscious sedation sessions. Following the inspection evidence to confirm that the identified nurse had completed conscious sedation training was submitted to RQIA. An area for improvement against the regulations has been made 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 record of training should be retained and available for inspection.

Discussion took place with Mr Withers and staff regarding the arrangements in respect of the management of medicines used during IV sedation. Midazolam, which is a Schedule 3 controlled drug, is the medicine used to provide IV treatments. It was confirmed that storage arrangements in respect of all medicines to be used during conscious sedation treatments were appropriate. Mr Withers stated that he does not hold stock of Midazolam and only orders the medicines in advance of planned treatment sessions.

As there were no planned treatments requiring conscious sedation no medicines for use during conscious sedation treatments were retained on the day of inspection. There was no system in place to reconcile the management of Midazolam in the practice. An area for improvement against the regulations has been made in this regard. A discussion took place in relation to the information that should be recorded in the Midazolam stock reconciliation logbook in keeping with legislative and best practice guidance.

**Areas of good practice**

A review of arrangements in respect of the documentation of conscious sedation treatments evidenced that all clinical observations were recorded in keeping with best practice guidance.

**Areas for improvement**

All members of the dental team providing treatment under conscious sedation must have received appropriate training in the sedation technique being used.

A system to reconcile Midazolam used for IV sedation should be developed and maintained.

An overarching conscious sedation policy should be developed and implemented.

	Regulations	Standards
<b>Areas for improvement</b>	<b>2</b>	<b>1</b>

**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, waste and sharps management.

A review of the most recent IPS audit, completed during July 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Withers confirmed that the clinical team complete the audit together, and should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

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.

**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>	<b>0</b>	<b>0</b>

**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.

Discussion with staff 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, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Review of a sample of handpieces evidenced that some handpieces were compatible with the washer disinfecter. Processing of hand pieces was discussed with Mr Withers who was advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DoH. An area for improvement against the standards has been made to review the procedure for the decontamination of handpieces.

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

The procedure for the decontamination of dental handpieces should be reviewed.

	Regulations	Standards
Areas for improvement	0	1

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

The practice has one surgery which has an intra-oral x-ray machine.

Mr Withers is the radiation protection supervisor (RPS) and 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. Mr Withers 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.

Mr Withers 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.

Review of documentation and discussion with Mr Withers 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. Mr Withers 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.

Mr Withers 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 Mr Withers.

## 5.9 Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All 15 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 15 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 dentist and staff.”
- “Would be good to have access to upstairs by lift for older clients as it can be difficult with mobility issues. Excellent dentist highly recommend.”
- “Excellent service from everyone, especially from Mr Withers who knows I am nervous of dentists since childhood.”
- “Running a first class service.”

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 and that they were very satisfied with each of these areas of patient care. The questionnaire did not include any comments.

## 5.10 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>2</b>	<b>2</b>

## 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 Mr Withers, registered person, 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 Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 38 (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The registered person must ensure 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 Conscious Sedation in The Provision of Dental Care (2003).</p> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> All members involved in conscious sedation, will have appropriate training in keeping with conscious sedation in the provision of dental care (2003) a log of all training will be keep in the sedation file. An accredited IACSD Training course has been arranged, and ongoing training/supervision in the form of mentoring of clinical cases will be provided by a consultant anaesthetist Dr wilkinson.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The registered person shall develop and maintain a system for the reconciliation of Midazolam used for the purposes of intravenous (IV) sedation in keeping with legislative and best practice guidance.</p> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A logbook to record purchase, use, disposal, has been introduced to reconcile midazolam for use in iv sedation. weekly checks on midazolam stock will be carried out.</p>

### Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The registered person shall develop an overarching conscious sedation policy in keeping with best practice guidelines as specified in 'Conscious Sedation In The Provision of Dental Care' (2003).</p> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A conscious sedation policy has been developed in keeping with best practice guidelines, relevant staff have read the policy.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL ) (13) 13. Compatible handpieces should be processed in the washer disinfectator.</p> <p>Ref: 5.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A review of the procedures wrt the decontamination of handpieces has been carried out with relevant staff, and all compatible handpieces(as indicated on handpiece with symbol) are processed in the washer disenfectator.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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