

Announced Care and Variation to Registration Inspection Report 4 June 2019



Radiant Dentistry

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

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Inspector: Stephen O'Connor

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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
- 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 providing general dental care and treatment. An application to vary the registration of the practice to increase the number of dental chairs from three to four has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Person: Mr James Pattison	Registered Manager: Mr James Pattison
Person in charge at the time of inspection: Mr James Pattison	Date manager registered: 7 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3 increasing to 4 following inspection

4.0 Action/enforcement taken following the most recent inspection dated 6 June 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 6 June 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 4 June 2019 from 09:50 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 variation to registration application was submitted to RQIA to increase the number of dental chairs from three to four.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application, to increase the number of dental chairs from three to four.

Mr Raymond Sayers, estates inspector, contacted Mr Pattison following the inspection and requested specific documents in relation to the premises to be submitted for review. Following submission of these documents Mr Sayers completed a desktop review and confirmed that the variation to registration application was approved from an estates perspective.

The variation to the registration application to increase the number of registered dental surgeries from three to four has been approved from a care and estates perspective.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr James Pattison, registered person, the lead decontamination nurse and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Pattison, 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 in the main emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Buccolam pre-filled syringes were available in a 10mg dose. In keeping with the Health and Social Care Board (HSCB) sufficient quantity and dosage of Buccolam pre-filled syringes should be retained. The HSCB specify that dental practices should be able to administer all four doses (2.5mg, 5mg, 7.5mg or 10mg) dependent on the patients' age and also be able to administer a second dose to the same patient, if required, and that part doses cannot be administered. This was discussed with Mr Pattison who readily agreed to purchase additional stock. Before the conclusion of the inspection, sufficient stock of Buccolam pre-filled syringes to ensure adherence to HSCB guidance was provided.

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 formal in-house medical emergency refresher training was during March 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. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Pattison confirmed that conscious sedation is not provided.

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 fourth dental surgery is located on the ground floor of the surgery. This surgery has a keypad lock to prevent unauthorised access. The fourth surgery has been finished to a high standard.

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 May 2019, 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. Mr Pattison confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The most recent audit was undertaken by the lead decontamination nurse. The lead decontamination nurse confirmed that all dental nurses will be involved in the completion of the audit on a rotational basis going forward. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice. Mr Pattison confirmed that the findings of the IPS audit and any learning identified would be discussed with staff at the time and during scheduled 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.

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 disinfecter, 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.

Mr Pattison confirmed that the stock of reusable dental instruments and the decontamination equipment available is sufficient to meet the demands of the fourth dental surgery.

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 four surgeries, each of which has an intra-oral x-ray machine. It was confirmed that a new intra-oral x-ray machine has been installed in the newly established fourth surgery. Review of records confirmed that a radiation protection advisor (RPA) completed a critical examination of the new intra-oral x-ray machine and the critical examination and acceptance test report dated 20 August 2018 was reviewed. In addition a cone beam computed tomography (CBCT) machine has been installed since the previous inspection. Review of records confirmed that a RPA completed a critical examination of the new CBCT and the critical examination and acceptance test report dated 5 November 2018 was reviewed.

Mr Pattison as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a RPA and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Pattison 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. It was suggested that the time frames for acknowledging and responding to complaints could be increased to 5 working days and 28 working days respectively. 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 Mr Pattison 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 Pattison 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 Pattison 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 Pattison.

5.9 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All 17 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 17 patients indicated that they were either satisfied or very satisfied with each of these areas of their care, with the exception of one patient who indicated they were undecided in respect of their care being effective. Comments included in submitted questionnaire responses are as follows:

- “Great practice.”
- “Always happy with my treatment. All staff very friendly.”
- “The staff are always helpful and friendly. Excellent dentist.”
- “I needed an emergency appointment. Liz got me into the earliest slot – it was excellent customer service.”
- “Happy with treatment at each visit.”
- “Everyone is very friendly and professional”.

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

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

5.11 Conclusion

The variation to the registration application to increase the number of registered dental surgeries from three to four has been approved from a care and estates perspective, following this inspection.

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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