

# Announced Care Inspection Report 3 December 2019



## Richhill Dental Care

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

**Address: 27A Main Street, Richhill, BT61 9PJ**

**Tel No: 028 3887 0884**

**Inspector: Emily Campbell**

[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, 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. Surgery 1 on the ground floor and surgery 3 on the first floor of the practice are registered with RQIA. Surgery 2 on the ground floor is dedicated for NHS dental care and treatment only, however, this surgery is not currently in use. Ms Parks is aware of the need to register Surgery 2 prior to being used for private dental care and treatment.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Sharon Parks	<b>Registered Manager:</b> Ms Sharon Parks
<b>Person in charge at the time of inspection:</b> Ms Sharon Parks	<b>Date manager registered:</b> 25 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 20 November 2018

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

#### 4.1 Review of areas for improvement from the last care inspection dated 20 November 2018

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
<b>Area for improvement 1</b> Ref: Standard 13.4 Stated: First time	The registered person shall ensure that an automatic control test (ACT) is undertaken and recorded in respect of the sterilisers and DAC Universal following the first cycle of the machines each day.  Ref: 5.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed that an ACT is carried out following the first cycle of the DAC Universal and steriliser each day, however review of the associated logbooks evidenced that only the sterilisation hold time element of the ACT was recorded. The inspector discussed the need to also record the sterilisation temperature and pressure reading to provide full details of the ACT. Ms Parks submitted revised periodic test recording templates for the DAC Universal and steriliser via email on the evening of the inspection, which included these elements of the ACT. Ms Parks confirmed that the revised templates would be implemented the following day.	

#### 5.0 Inspection findings

An announced inspection took place on 3 December 2019 from 10:05 to 11:45.

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 Sharon Parks, registered person, an associate dentist, a dental nurse and a receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Parks 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 June 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.

Ms Parks confirmed that conscious sedation in the form of inhalation sedation, known as relative analgesia (RA), is provided.

A procedure in relation to the management of conscious sedation was available; however, a policy had not been established. This was provided by email on 4 December 2019 and contained the relevant information.

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. 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 Ms Parks confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. It was confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in 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

Further to information submitted to RQIA, no areas for improvement were identified.

	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 during August 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.

The audits are carried out by Ms Parks and staff and it was confirmed that any learning identified as a result of these audits is shared with 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.

Records were retained in respect of the Hepatitis B vaccination status of all clinical staff. Ms Parks confirmed that any clinical staff new to dentistry are routinely referred to the Occupational Health Department as part of the recruitment process.

### 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. One of the sterilisers is not actively in use but is available for back-up if required. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks, in general, evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. As discussed previously, revised periodic test recording templates for the DAC Universal and steriliser, were submitted to RQIA following the inspection, to include the detail of the daily ACT and assurances were provided by Ms Parks that these would be implemented.

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, in general, 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

Further to information received following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

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

Ms Parks, 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. Ms Parks 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, in June 2019, demonstrated that any recommendations made have been addressed. The detail of a critical examination of a new intra-oral x-ray unit installed in Surgery 2 was also included in this report.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.



Ms Parks 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. In addition to the Ombudsman (for NHS care and treatment) and the Dental Complaints Service (for private care and treatment), the details of the HSCB and GDC were included as routes for dissatisfaction. Ms Parks readily agreed to reword this to include the details of the HSCB and GDC but not as routes for dissatisfaction. Patients and/or their representatives were made aware of how to make a complaint by way of 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 Ms Parks 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.

### 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.

Ms Parks 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 Ms Parks and staff.

## 5.9 Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied or satisfied that their care was safe and effective and that they were treated with compassion. Eight patients indicated they were very satisfied or satisfied that the service was well led, one indicated they were undecided. Two patients made comments, both of which were positive; these related to satisfaction with treatment and staff attitude.

One staff submitted an electronic questionnaire response to RQIA. They indicated that they were very satisfied that patient care was safe, effective, that patients were treated with compassion and that the service was well led. No comments were provided in the questionnaire response.

## 5.10 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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