

# Announced Care Inspection Report 13 August 2019



## Clear Dental Lurgan

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

**Address: 5 Robert Street, Lurgan, Craigavon, BT66 8BE**

**Tel No: 028 3832 7411**

**Inspector: Winifred Maguire**

[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 seven registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Clear Dental Care (Lurgan) Ltd  <b>Responsible Individual:</b> Mr Mark Tosh	<b>Registered Manager:</b> Ms Gail Anderson(pending)
<b>Person in charge at the time of inspection:</b> Ms Gail Anderson	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 7

## 4.0 Action/enforcement taken following the most recent inspection dated 9 November 2018

The most recent inspection of the establishment was an announced 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 9 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>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time	The responsible individual shall ensure that all staff involved in the provision of conscious sedation has a written training record to verify that they have completed the appropriate supervised theoretical, practical and clinical training in this regard.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Evidence was provided that all staff involved in the provision of conscious sedation has a written training record to verify that they have completed the appropriate supervised theoretical, practical and clinical training in this regard.</p>	
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## 5.0 Inspection findings

An announced inspection took place on 13 August 2019 from 09.50 to 12.55.

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 Gail Anderson, practice manager and registered manager applicant; two dental nurses and spoke briefly with Mr Mark Tosh responsible individual. A tour of some areas of the premises was also undertaken.

Ms Anderson's registered manager application was discussed and she confirmed she had provided all the necessary information to RQIA on this matter. It was agreed the current status of her application would be reviewed by RQIA in order to progress her registration.

The findings of the inspection were provided to Ms Anderson 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. With the exception of a size 0 oropharyngeal airway which had exceeded its expiry date. A replacement size 0 airway was ordered during the inspection. It was advised to make a record of all emergency equipment, their expiry dates and include these items in the practice monthly checking system. A system was in place to ensure that emergency medicines 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 February 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
<b>Areas for improvement</b>	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 Anderson confirmed that conscious sedation is provided in the form of inhalation sedation known as relative analgesia (RA) and intravenous (IV) sedation. Ms Anderson confirmed that IV sedation is only provided to persons over the age of 18.

A policy and procedure in relation to the management of conscious sedation was in place.

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) which is the best practice guidance document endorsed in Northern Ireland.

Review of three care records evidenced that pre, peri and post clinical observations were recorded. It was advised to record the American Society of Anaesthesiologists (ASA) grades in the patient record. The consent arrangements were reviewed and it was noted that only one of the patients records reviewed had a signed consent form in place relating to the provision of IV sedation, one patient record outlined that verbal consent had been obtained for inhalation sedation and the inspector was informed the other patient consent form relating to provision of IV sedation may had not yet been scanned on the system. An area of improvement was identified against the standards to ensure written consent is obtained for all types of conscious sedation in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Information was available for patients in respect of the treatment provided and aftercare arrangements.

Ms Anderson confirmed that there is one dentist providing treatment under IV sedation in the practice and is assisted by two dental nurses. It was confirmed inhalation sedation is provided by two dentists and are assisted by all the dental nurses.

It was established that all of the 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 staff confirmed that the RA equipment had been serviced during June 2019 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.

Discussion took place with Ms Anderson 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. Midazolam medication used during IV sedation was stored in a locked cabinet and a robust system was in place for the storage of Midazolam in order to prevent unauthorised access.

A system was in place for the ordering, administration, reconciliation and disposal of Midazolam. Stock balance records were reviewed and reconciled. It was advised to ensure that the stock balance records have the signature of the member of staff undertaking the review. Staff advised that the administration to the patient is recorded on the care records and the names of the dentist and dental nurse involved in each administration is also recorded in the care records.

**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**

Ensure that written consent is obtained for all types of conscious sedation in keeping with Conscious Sedation in The Provision of Dental Care (2003) which is the best practice guidance document endorsed in Northern Ireland.

	Regulations	Standards
Areas for improvement	0	1

## 5.3 Infection prevention and control

### Infection prevention and control (IPC)

During a tour of some areas 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 8 July 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.

The audits are carried out by Ms Anderson with the involvement of the team. Discussion with staff confirmed that any learning identified as a result of these audits is shared immediately if necessary and at practice 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.

Ms Anderson confirmed that there are robust arrangements in place in relation to the Hepatitis B vaccination status of all dental staff and referrals are made to occupational health for new clinical staff.

### 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.

A review of the most recent IPS audit, completed on 8 July 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.

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, a DAC Universal machine and four steam sterilisers have 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 seven surgeries, each of which has an intra-oral x-ray machine.

Ms Anderson confirmed that 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. The RPS 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. It was advised to ensure that the entitlement forms are fully completed.

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

The RPS 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. 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.

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

A visit by the registered provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

### Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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 Anderson.

Discussion with Ms Anderson and staff and review of information evidenced that the equality data collected was managed in line with best practice.

## 5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 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 with each of these areas of their care.

Comments included in submitted patient questionnaire responses are as follows:

- “Top job.”
- “Very friendly and helpful staff who explain everything throughout treatment process.”
- “Privacy, treatment etc discussed at the desk /reception.”

The patient comment in relation to privacy was discussed with Ms Anderson who confirmed she had recognised the issue already and was taking steps to ensure patients’ privacy is maintained at all times. She agreed to review privacy arrangements for patients within the practice and in particular at the reception area.

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
<b>Total number of areas for improvement</b>	0	1

## 6.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Gail Anderson, practice manager and registered manager applicant, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 12 August 2019	The registered person shall ensure that written consent is obtained for all types of conscious sedation in keeping with Conscious Sedation in The Provision of Dental Care (2003) which is the best practice guidance document endorsed in Northern Ireland.  Ref 5.2  <b>Response by registered person detailing the actions taken:</b> WE will immediately implement a system for Written consent for RA sedation aswell.

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



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