

Announced and Variation to Registration Inspection Report 13 March 2020



Antrim Dental Care

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

Address: 15C Market Square, Antrim, BT41 4AW

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Inspector: Stephen O'Connor

www.rgia.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 providing general dental care and treatment. A variation to registration application was submitted to RQIA to reconfigure the floor plan of the practice; specifically to convert the patient waiting room to accommodate an additional dental surgery; create a new patient waiting area in the main reception and to relocate the decontamination room. Additional information in this regard can be found in Section 5.9 of this report.

3.0 Service details

Organisation/Registered Provider: Mr John O'Boyle	Registered Manager: Mr John O'Boyle
Person in charge at the time of inspection: Mr John O'Boyle	Date manager registered: 28 May 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two Registration of the third dental chair is awaiting approval by the estates inspector

4.0 Action/enforcement taken following the most recent inspection dated 15 March 2019

The most recent inspection of the establishment was an announced pre-registration inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 15 March 2019

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 13 March 2020 from 09:50 to 12:15.

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).

This practice was initially registered with RQIA as a partnership between Mr Stephen Tillman and Mr Andrew Cullen on 30 May 2012 and operated under the name of Tillman and Dental Practice. On 1 February 2019 the practice was sold to Mr John O'Boyle and was registered with RQIA on 28 May 2019 as Antrim Dental Care with the provision of two dental surgeries.

On 28 November 2019 a variation to registration application was submitted to RQIA to reconfigure the floor plan of the practice; specifically to convert the patient waiting room to accommodate an additional dental surgery; create a new patient waiting area in the main reception and to relocate the decontamination room.

The inspection focused on the themes for the 2019/20 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

Mr Gavin Doherty, RQIA estates inspector, contacted Mr O'Boyle following the inspection and requested specific documents in relation to the premises to be submitted for review. A number of requested documents have yet to be submitted. Therefore the variation to registration application to increase the number of dental chairs from two to three cannot be approved from an estates perspective at this time. Mr Doherty will review the outstanding documents once submitted to RQIA and inform Mr O'Boyle when he is in a position to approve the variation from an estates perspective.

The variation to registration application to reconfigure the practice and increase the number of registered dental surgeries from two to three has been granted from a care perspective. Mr O'Boyle is aware that the variation application must also be granted from an estates perspective. Until such times as the variation has been granted by an estates inspector the newly established third dental surgery cannot be used for the provision of private dental care and treatment.

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

During the inspection the inspector met with Mr O'Boyle, registered person and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr O'Boyle 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. We noted that the automated external defibrillator (AED) pads to be used with an adult had recently expired. Following the inspection RQIA received evidence via email to confirm that adult AED pads had been purchased.

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 July 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

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

	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 O’Boyle confirmed that conscious sedation is not provided in Antrim Dental Care.

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 November 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr O’Boyle confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

We were also informed that going forward, responsibility for completing the audit would be rotated among all clinical 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.

It was confirmed that no new clinical staff have been recruited since the previous inspection. Mr O'Boyle is aware that should clinical staff new to dentistry be recruited they must be referred to occupational health.

Mr O'Boyle informed us 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'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were in place for the dentists who do not use safer sharps

The arrangements with regards to the newly established third dental surgery were reviewed. The surgery had been completed to a high standard, the flooring in the surgery was impervious and coved where it meets the walls and sealed where it meets the kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin was available in the new dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A laminated/wipe-clean poster promoting hand hygiene was displayed at the hand washing area.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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

As discussed, a variation to registration application was submitted to RQIA. This variation included the relocation of the decontamination room. The arrangements in respect of the newly established decontamination room were reviewed. The new decontamination room was separate from patient treatment areas and dedicated to the decontamination process. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. It was noted that a store room adjacent to the decontamination room is only accessible from the decontamination room. Staff confirmed that this store room would not be accessed whilst decontamination equipment was operational.

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 disinfectant and steam sterilisers, have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Pressure vessels are subject to inspection in accordance with a written scheme of examination. It was noted that the pressure vessels were overdue examination. Following the inspection Mr O'Boyle confirmed that he liaised with the appropriate organisations to arrange for the pressure vessels to be inspected. However the pressure vessels were not inspected prior to the practice restricting visitors in accordance with best practice guidance in response to the global Coronavirus pandemic. An area for improvement against the standards has been made to submit the pressure vessel inspection reports upon return of the quality improvement plan (QIP) once restrictions on visitors to the practice has been lifted.

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

A copy of the written scheme of examination inspection reports in respect of the pressure vessels should be submitted to RQIA upon return of the QIP.

	Regulations	Standards
Areas for improvement	0	1

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. It was confirmed that an intra-oral x-ray machine has been installed in the newly established third dental surgery and that following the previous inspection the intra-oral x-ray machine in surgery two had been replaced. The critical examination and acceptance test reports for the intra-oral x-ray machines installed in surgeries two and three were not available for review. These were submitted to RQIA by email following the inspection.

Mr O'Boyle is the radiation protection supervisor for the practice and he 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 was in place. The RPA visited the practice on 11 March 2020 and the practice is awaiting the updated radiation protection file. Mr O'Boyle 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 relation to surgery one dated September 2017 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

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

	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.

It was confirmed that no complaints have been received since the previous inspection. Discussion with staff and review of documentation evidenced that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mr O'Boyle 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.

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

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 O'Boyle 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 O'Boyle and staff.

5.9 Variation to registration application

A variation to registration application was submitted to RQIA to convert the patient waiting room to provide a third dental surgery; create a new patient waiting area in the main reception and to relocate the decontamination room.

During the inspection process a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report

The variation to registration application is granted from a care perspective. Mr O'Boyle is aware that the variation application must also be granted from an estates perspective. Until such times as the variation has been granted by an estates inspector the newly established third dental surgery cannot be used for the provision of private dental care and treatment.

5.10 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. Eighteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Eighteen patients indicated that they were satisfied or very satisfied with each of these areas of their care. One patient indicated they were very unsatisfied with each of these areas of their care; this patient did not include any comments in their submitted questionnaire response. Four patients made positive comments in regards to the standard of care and treatment they received.

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

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	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 Mr John O’Boyle, registered provider, 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 14.2 Stated: First time	The registered person shall submit a copy of the written scheme of examination inspection reports in respect of the pressure vessels upon return of this quality improvement plan. Ref: 5.4
To be completed by: 5 June 2020	Response by registered person detailing the actions taken: I have submitted the written scheme of inspection certificates by email some time ago I can send again if needed.

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



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