

Announced Care Inspection Report 9 October 2019



Shore Road Dental Practice

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

Address: 32 Shore Road, Holywood, BT18 9HX

Tel No: 028 9042 7325

Inspector: Norma Munn

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 four registered places.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited Responsible Individual: Mr Mark Hamburger	Registered Manager: Mrs Karen Thompson
Person in charge at the time of inspection: Mrs Karen Thompson	Date manager registered: 18 June 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 17 July 2018

The most recent inspection of Shore Road Dental Practice was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 9 October 2019 from 09.30am to 12.55am.

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 Mrs Karen Thompson, registered manager, Ms Alison Rae, compliance facilitator for Portman Healthcare Limited, a dentist and a dental nurse. A tour of some areas of the premises was also undertaken.

Three areas for improvement against the standards have been identified in relation to the provision of emergency medication, ensuring that all members of the dental team providing treatment under conscious sedation have received appropriate training and reviewing the procedure for the decontamination of dental handpieces in keeping with best practice.

The findings of the inspection were provided to Mrs Thompson and Ms Rae 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 were retained in keeping with the British National Formulary (BNF). However, it was observed that Buccolam medication was only provided in the 10mg dose suitable for patients of 10 years and over. A discussion took place in relation to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and BNF. Ms Rae and Mrs Thompson confirmed that additional Buccolam pre filled syringes as recommended had been ordered. An area for improvement against the standards has been made.

The Glucagon medication was stored in a locked fridge and the key was located in the lock. On enquiry, Mrs Thompson confirmed that the fridge was kept locked for security reasons. The importance of ensuring that emergency medicines are readily available was discussed and it was advised that the practice of storing emergency medicines in a locked fridge should cease with immediate effect. Mrs Thompson agreed to address this issue.

Emergency equipment was retained as recommended by the Resuscitation Council (UK) guidelines. 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 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 in the main 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

Buccolam pre filled syringes should be available in the various doses and quantities needed as recommended by the HSCB and in keeping with the BNF.

	Regulations	Standards
Areas for improvement	0	1

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. Mrs Thompson confirmed that conscious sedation is provided in the form of inhalation sedation, known as relative analgesia (RA). The practice does not offer oral sedation or intravenous sedation (IV) to patients.

A review of records and discussion with Mrs Thompson confirmed that the RA equipment was serviced during January 2019 in keeping with manufacturer's instructions. Mrs Thompson confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

A policy and procedure in relation to the management of RA 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 one care record evidenced that the justification for using sedation and consent for treatment were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

There was no evidence to confirm that all members of the dental team providing treatment under conscious sedation had received appropriate supervised theoretical, practical and clinical training before undertaking independent practice and there were no training records available to review. This issue had been identified by Mrs Thompson and Ms Rae and they confirmed that conscious sedation training for dentists and dental nurses has been arranged to take place during November 2019. An area for improvement against the standards has been made.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that the environment, equipment and records are in keeping with best practice guidance.

Areas for improvement

All dental practitioners (dentists and dental nurses) involved in providing dental care and treatment under conscious sedation should have the appropriate levels of training in keeping with best practice.

	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 and generally tidy.

The decontamination room was cluttered with various items that included several full clinical waste bins stored under the worktop. On enquiry, it was identified that the practice have not been provided with a larger clinical waste bin to house the full clinical waste bags away from clinical areas. This was discussed and it was advised that they identify an alternate storage area for clinical waste awaiting collection away from the decontamination area. Mrs Thompson agreed to address this issue.

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 September 2019, evidenced that the audit had identified both areas of good practice and areas that require to be improved. An action plan had been generated to address the areas that required improvement. The audits are carried out by Mrs Thompson and the dental nurses and any learning identified as a result of these audits is shared with staff as they arise.

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.

Mrs Thompson confirmed that two clinical staff members had commenced work since the previous inspection. Review of the personnel records in relation to these staff members demonstrated that a record was retained to evidence their Hepatitis B vaccination status. This record had been generated by an occupational health (OH) department. Mrs Thompson was aware that all new clinical staff members new to dentistry recruited in the future should be referred to OH in keeping with best practice guidance.

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 additional 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 was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

A new door had been installed to the entrance of the decontamination room. The window had not been installed in the door resulting in a large open space between the decontamination room and the corridor. Following the inspection RQIA received confirmation that the gap had been temporarily sealed until such times as the window is installed.

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 in general 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.

The dental nurse confirmed that reusable dental handpieces were being manually cleaned prior to sterilisation. Best practice outlines that all reusable compatible dental instruments should be cleaned and sterilised using an automated process. There was no evidence to confirm that the handpieces were not compatible with processing in a washer disinfectant. Processing of handpieces was discussed with the staff who were advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices. An area for improvement under the standards has been made.

Appropriate equipment, including a washer disinfectant and three 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. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 with the exception of the steam penetration tests in respect of one of the sterilisers. This had been identified by Mrs Thompson and Ms Rae and assurances were given that this issue would be addressed.

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 that 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 to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13.

	Regulations	Standards
Areas for improvement	0	1

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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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. Mrs Thompson was advised to ensure that the most recently appointed staff member signs the radiation protection file to state that they have read and understood the contents.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA during July 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 of the 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 additional 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. Mrs Thompson was advised to amend the policy to clearly identify RQIA's role as an oversight body and to also include details of the General Dental Council (GDC). 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.

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 additional 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 is produced by Ms Rae and made available for patients, their representatives, staff, RQIA and any other interested parties to read. Ms Rae confirmed that the reports generated are reviewed by Mr Mark Hamburger, responsible individual for Portman Healthcare Limited.

A review of the most recent report dated May 2019 evidenced that Ms Rae had identified several issues and an action plan had been developed to address the issues identified which included timescales and person responsible for completing the action. A discussion took place regarding the specific issues identified during the inspection and Ms Rae was advised to review the template for these visits in order to ensure that the issues identified are addressed to improve the quality of services provided.

Areas of good practice

A review of the most recent report generated to document the findings of regulation 26 visits evidenced that the visit was in keeping with the legislation.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.8 Other areas identified

Privacy and Dignity

Ms Rae and Mrs Thompson had recently identified that one of the dental surgeries could be viewed from the new build apartments outside the premises. Ms Rae and staff were aware of the importance of privacy and dignity of the patients being treated. Ms Rae confirmed that the window in the identified surgery would be covered with an opaque material as a matter of urgency to ensure privacy and dignity is maintained.

5.9 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 staff.

5.10 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All of the 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 of the patients indicated that they were very satisfied with each of these areas of their care. One comment was included in the submitted questionnaire responses as follows:

- “Everything OK.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Thompson and Ms Rae 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 12.4 Stated: First time To be completed by: 9 October 2019	The registered person shall ensure that Buccolam pre filled syringes are provided in the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken 5mg and 2.5mg doses of Buccolam are now in place at the practice. 5mg Buccolam was received at the practice on 10/10/19. 2.5mg was received on 21/10/19. Email sent to Norma Munn to confirm receipt.
Area for improvement 2 Ref: Standard 8.6 Stated: First time To be completed by: 9 November 2019	The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection. Ref: 5.2
	Response by registered person detailing the actions taken: There are 3 clinicians and three dental nurses booked to do the conscious sedation training which is to take place on Saturday 23 rd November. Conscious sedation services have been stopped in the practice until such time as these training courses have been successfully completed.
Area for improvement 3 Ref: Standard 13.4 Stated: First time To be completed by: 9 October 2019	The registered person shall review the procedure for the decontamination of dental handpieces 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 disinfectant. Ref: 5.4
	Response by registered person detailing the actions taken: A new rack has now been ordered which is compatible with the washer disinfectant to hold the handpieces. This was received at the practice on 19/11/2019.

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



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