

# Announced Care Inspection Report 5 June 2018



## The Glens Dental Practice

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

**Address: 2 Gortaclee Road, Cushendall BT44 0TE**

**Tel No: 028 2177 1242**

**Inspector: Emily Campbell**

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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 2018/19 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
- Infection prevention and control
- Decontamination of reusable dental instruments
- Radiology and radiation safety
- Review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with two registered places providing private and NHS dental care and treatment.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Mark Morris and Ms Shanni Fulton	<b>Registered Manager:</b> Mr Mark Morris
<b>Person in charge at the time of inspection:</b> Mr Mark Morris	<b>Date manager registered:</b> 4 April 2017
<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 4 April 2017

The most recent inspection of the establishment was an announced care pre-registration 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 4 April 2017

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 11.1  <b>Stated:</b> First time	The recruitment and selection policy should be further developed to include the following: <ul style="list-style-type: none"> <li>• enhanced AccessNI check to be undertaken and received prior to staff commencing employment</li> <li>• full employment history, including dates, reason for leaving and explanation of gaps in employment</li> <li>• one of the two written references should be from the current/most recent employer</li> <li>• confirmation of physical and mental fitness to perform the duties of the role, including referral to the Occupational</li> </ul>	<b>Met</b>

	<p>Health Department for clinical staff</p> <ul style="list-style-type: none"> <li>• criminal conviction declaration</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of the recruitment and selection policy evidenced that this area for improvement has been addressed.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>Safeguarding children and adults at risk of harm policies should be reviewed and further developed to ensure they are reflective of the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016).</p> <p>Policies for safeguarding children and protection of adults at risk of harm should include the types and indicators of abuse, the name of the safeguarding lead and distinct referral pathways, including contact numbers, in the event of a safeguarding issue arising with a child or adult at risk of harm.</p> <p>On completion of the policy development staff training should be provided to ensure that staff are aware of the new regional guidance documents and practice policies.</p> <p><b>Action taken as confirmed during the inspection:</b> One overarching safeguarding children and adults at risk of harm policy has been developed. Review of the policy evidenced that the above information was included. Some minor amendments were suggested.</p> <p>Review of records confirmed that all staff have been provided with safeguarding training.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Compliance with Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.</p> <p>An action plan should be generated for any aspects of non-compliance.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this area for improvement has been addressed.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time</p>	<p>Buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) guidance.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Mr Morris confirmed that the Buccal Midazolam had been replaced; however, on observation, the medication was not in the format of Buccolam pre-filled syringes in keeping with HSCB guidance. Mr Morris confirmed by email on 8 June 2018 that Buccolam had been ordered in sufficient quantities to facilitate administration to the various age groups.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>Entitlement records should be updated to reflect that staff have been authorised by Ms Fulton as the new radiation protection supervisor (RPS).</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the radiation protection file evidenced that relevant staff had been authorised and entitlement records were up to date.</p>	

## 5.0 Inspection findings

An announced inspection took place on 5 June 2018 from 9:55 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 Mr Mark Morris, 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 Mr Morris 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. However, as discussed previously, the format of buccal Midazolam was not Buccolam pre-filled syringes in keeping with HSCB guidance. A discussion took place in relation to the procedure for the accurate administration of Buccolam and the various doses and quantity needed as recommended by the HSCB. Mr Morris confirmed by email on 8 June 2018 that Buccolam had been ordered in sufficient quantities to facilitate administration to the various age groups.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. The staff have access to an automated external defibrillator (AED) from the medical centre located in the same building. The AED is checked routinely by staff from the practice and the medical centre and records are retained in this regard.

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 December 2017.

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 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, were 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 June 2018, 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. Two minor areas not identified during the most recent audit were highlighted to Mr Morris who provided assurance that these would be addressed.

The audits are inputted to by all staff. Discussion with staff confirmed that any learning identified as a result of these audits is shared.

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
<b>Areas for improvement</b>	0	0

**5.3 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.

As discussed a review of the most recent IPS audit, completed during March 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 two steam sterilisers, has been provided to meet the practice requirements. Validation certificates evidenced that the sterilisers had been validated on 20 December 2017, and although Mr Morris and staff confirmed that the washer disinfectant was validated at the same time, the validation certificate was not available. This was subsequently submitted to RQIA by email on 7 June 2018. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Pressure vessels were examined under the written scheme of examination of pressure vessels in December 2017.

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

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

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

Mr Morris 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) has been appointed.

A dedicated radiation protection file containing all relevant information was in place. The radiation protection supervisor (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.



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

**5.5 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 Morris.

Discussion with Mr Morris and review of information evidenced that the equality data collected was managed in line with best practice.

**Patient and staff views**

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe, effective, that they were treated with compassion and that they felt the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in in submitted questionnaire responses are as follows:

- “No complaints. Care superb.”
- “Brilliant care, brilliant staff.”
- “Very helpful and accommodating.”
- “The care that I have received is wonderful, from the receptionist, the nurse and the dentist. We are very lucky to have the team in Cushendall.”
- “I am a very nervous patient and was very well managed by Shanni and felt completely safe and at ease.”
- “I have always been treated with the utmost care and respect by all the staff.”

One staff member submitted a questionnaire response to RQIA. They indicated that they felt patient care was safe and effective, that patients were treated with compassion and that the service was well led. Staff spoken with during the inspection concurred with this.

Comments included in in submitted questionnaire responses are as follows:

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

**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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