

Announced Care Inspection Report 4 December 2019



The Gentle Dental Clinic

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

Address: 39 Church Street, Warrenpoint, BT34 3HN

Tel No: 028 4175 2220

Inspector: Winifred Maguire

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: The Gentle Dental Clinic Responsible Individual: Mr Michael McManus	Registered Manager: Mr Michael McManus
Person in charge at the time of inspection: Mr Michael McManus	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

4.0 Action/enforcement taken following the most recent inspection dated 22 January 2019

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 22 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (b) Stated: First time	The registered person shall ensure that all relevant pressure vessels are inspected within the timescales identified in the written scheme of examination, in accordance with relevant legislation. Evidence of the written scheme of examination inspection report for the pressure vessels should be submitted to RQIA upon return of the quality improvement plan (QIP).	Met
	Response by registered person detailing the actions taken: Pressure vessel testing certificate in place dated 12 February 2019.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time	The registered person shall ensure that the identified dental chair head rest is reupholstered to provide an intact surface that can be effectively cleaned.	Met
	Response by registered person detailing the actions taken: Headrest replaced and all surfaces intact.	
Area for improvement 2 Ref: Standard 8.3 Stated: First time	The registered person shall ensure that any recommendations made in the most recent report by the RPA have been addressed.	Met
	Response by registered person detailing the actions taken: All recommendations made in the most recent radiation protection advisors (RPA) report have been addressed.	

5.0 Inspection findings

An announced inspection took place on 4 December 2019 from 10.00 to 13.00.

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 Michael McManus responsible individual, the practice manager and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the practice manager 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 most emergency medicines in keeping with the British National Formulary (BNF), and most emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was noted that adrenaline 1:1000, adult dose 500micrograms, child 6-12 years 300micrograms were not available. These doses were ordered during the inspection. However three adrenaline auto injectors 300micrograms were delivered which when the practice manager checked batch numbers against a recent drug alert these auto injectors were found to be outlined within the drug alert. They were immediately returned to the pharmacy and the practice manager confirmed she would follow up with the pharmacist. The adrenaline 500micrograms and 300micrograms were ordered and were awaiting delivery. Adult and Children's pads for the automated external defibrillator (AED) had expired. Evidence they had been ordered was provided during the inspection. A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date however had not identified the issues highlighted. It was advised to add all emergency equipment expiry dates to the checklist and ensure robust examination of expiry dates when the monthly checks are carried out.

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 on 22 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

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.

The practice manager 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 nitrous oxide risk assessment has 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 and minor amendments were suggested.

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 two patient's care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Advice was provided on the development of a patient record template to enhance the current means of recording RA sedation. Mr McManus was receptive to this. Information was available for patients in respect of the treatment provided and aftercare arrangements.

The practice manager confirmed that all dentists and dental nurses in the practice are involved in providing RA sedation and have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. A record of training and competence is to be further developed. Advice was provided on refresher online conscious sedation training for dental staff. Following the inspection the practice manager confirmed that dental staff will undertake refresher conscious sedation training within the next few months.

A review of records and discussion with the practice manager confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 during June 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 the practice manager 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.

Two new members of staff have commenced employment since the last inspection. Review of personnel records in relation to these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by the staff member's GP and an occupational health (OH) department. The practice manager was aware that all clinical staff members, new to dentistry recruited in the future should be referred to OH.

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

Two decontamination rooms separate from patient treatment areas and dedicated to the decontamination process were available. Both decontamination rooms 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 two washer disinfectors, four steam sterilisers and a DAC Universal 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.

It was noted that the steam steriliser 'SES 2000' in decontamination room one had large areas of rust on the door and the steam steriliser 'Little sister SES 2010' in decontamination room two also had patches of rust on the door and top. An area of improvement has been identified against the standards to ensure the two steam sterilizers with patches of rust are made good.

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 mostly 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

Ensure the two steam sterilizers with patches of rust are made good.

	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.

Mr McManus 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. Mr McManus 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.

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

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

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 McManus 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 the practice manager.

5.9 Patient and staff views

Eighteen 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.

One member of staff submitted a questionnaire response to RQIA. They indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The member of staff indicated that they were very satisfied with each of these areas of patient care.

Comments included in submitted patient questionnaire responses are as follows:

- “Staff always professional and courteous. Any emergency treatment needed I have received immediate support and care. Ongoing care plan handled with sensitivity.”
- “Very happy with all aspects of my care. The girls at reception are very helpful and approachable.”

5.10 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 Michael McManus, responsible individual, 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 the area for improvement identified within the QIP is 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 area 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 14.4 Stated: First time To be completed by: 4 February 2020	The responsible individual shall ensure the two steam sterilizers with patches of rust are made good. Ref:5.4 Response by registered person detailing the actions taken: Both autoclaves have been stripped in the rusted areas and repainted with heat resistant paint and will be monitored for anymore rusting.

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



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