

# Announced Care Inspection Report 22 January 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: Bridget Dougan**

[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 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 four registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> The Gentle Dental Clinic  <b>Responsible Individual:</b> Mr Michael McManus	<b>Registered Manager:</b> Mr Michael McManus
<b>Person in charge at the time of inspection:</b> Mr Michael McManus	<b>Date manager registered:</b> 11 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 4.0 Action/enforcement taken following the most recent inspection dated 19 February 2018

The most recent inspection of The Gentle Dental Clinic was an announced care inspection. No areas for improvement were made during this inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 19 February 2018

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 22 January 2019 from 11.00 to 13.45.

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

The findings of the inspection were provided to Mr McManus and 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 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.

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 2018.

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.

Inhalation sedation is available as required for patients in accordance with their assessed need. It was confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration units. Mr McManus confirmed that a formal nitrous oxide risk assessment, in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017, had been completed.

**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 was clean and tidy.

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 February 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that learning from audits is shared with staff at the time and discussed during staff meetings.

The audit is completed by the responsible individual on an annual basis. It was agreed that the frequency of the audit should be increased to six monthly in accordance with best practice. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

A small tear was observed in the head rest of one of the dental chairs, in the interests of infection prevention and control, this chair should be reupholstered to provide an intact surface that can be effectively cleaned. An area of improvement against the standards has been made in this regard.

### 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

The identified dental chair should be reupholstered.

	Regulations	Standards
Areas for improvement	0	1

### 5.3 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. The decontamination rooms facilitate 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 receives 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, three steam sterilisers and a DAC Universal has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

We were unable to evidence the written scheme of examination inspection report for the pressure vessels. Mr McManus confirmed that the pressure vessels were due to be tested in September 2018; however this had been delayed as they were awaiting the repair of one of the steam sterilisers. Mr McManus stated that the steriliser had been repaired and they had arranged for the written scheme of examination to be carried out on 12 February 2019. It was agreed that this report would be submitted to RQIA post inspection. The responsible individual must ensure that all relevant pressure vessels are inspected within the timescales identified in the written scheme of examination in accordance with relevant legislation. An area for improvement has been made against the regulations.

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

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).

	Regulations	Standards
Areas for improvement	1	0

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

Mr McManus is the radiation protection supervisor (RPS) and he confirmed that he 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, in the main, any recommendations made have been addressed. A recommendation made to fit a mirror in each of the surgeries to enable the operator to stand away from the entrance to the room and view the patient throughout the exposure had not been addressed. An area for improvement has been made against the standards in this regard.

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

Ensure that the recommendations made in the report of the most recent visit by the RPA have been addressed.

	Regulations	Standards
Areas for improvement	0	1



## 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 the practice manager.

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

## 5.6 Patient and staff views

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

Comments included in in submitted questionnaire responses are as follows:

- “Excellent service”
- “Very pleasant clinic to get treated in. Always try to accommodate the best time for you around work, family, etc”
- “Very professional service. Customer service is excellent”
- “I feel that I have, for the first time, found a dentist that I don’t have a fear of and who explains everything to me to help ease my anxiety. Also staff are very friendly”
- “Extremely accommodating and everyone is so professional. I would recommend strongly to everyone. First class practice”
- “This is a very good dental practice. I’m very satisfied”

## 5.7 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>1</b>	<b>2</b>



## 6.0 Quality improvement plan

Areas for improvement identified during this inspection are 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 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 Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2019	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).
	<b>Response by registered person detailing the actions taken:</b> The Pressure Vessel Inspection was overdue but had been booked for 12 <sup>th</sup> February and was carried out on this day. Evidence sent on to inspector

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2019</p>	<p>The registered person shall ensure that the identified dental chair head rest is reupholstered to provide an intact surface that can be effectively cleaned.</p> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A new headrest was ordered on the day of the inspection and has since been fitted to the dental chair.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2019</p>	<p>The registered person shall ensure that any recommendations made in the most recent report by the RPA have been addressed.</p> <p>Ref: 5.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Deborah the practice manager got in contact with Oneproton regarding the recommendations made by the RPA for clarification on the postitoning of the mirrors in 3 of our surgeries. We have since carried out and completed all the recommendations outlined in their report.</p>

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



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