

# Announced Care Inspection Report

## 12 March 2020



## Clear Dental Oldpark

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

**Address: 462 Oldpark Road, Belfast, BT14 6QG**

**Tel No: 028 9074 3800**

**Inspector: Steven Smith**

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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 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 three registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Clear Dental Care (NI) Ltd  <b>Responsible Individual:</b> Mr Mark Tosh	<b>Registered Manager:</b> Ms Margaret Duffy
<b>Person in charge at the time of inspection:</b> Ms Margaret Duffy	<b>Date manager registered:</b> 21 December 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

## 4.0 Action/enforcement taken following the most recent inspection dated 27 November 2018

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

## 4.1 Review of areas for improvement from the last care inspection dated 27 November 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 12 March 2020 from 10:00 to 12:00.

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 Ms Margaret Duffy, registered manager and two dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Duffy at the conclusion of the inspection.

## 5.1 Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines were retained in keeping with the British National Formulary (BNF), with the exception of dispersible aspirin. Following the inspection RQIA received evidence via email to confirm that this medicine had been provided.

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 November 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.

Ms Duffy confirmed that inhalation sedation, known as relative analgesia (RA), had previously been offered in this practice as a form of sedation. Due to a lack of demand for this treatment Ms Duffy confirmed that the use of conscious sedation was discontinued during June 2019 and the RA equipment had been removed from the practice.

### 5.3 Infection prevention and control

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 October 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by the decontamination lead nurse, and Ms Duffy confirmed that any learning identified as a result of these audits is shared at staff 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.

It was confirmed that conventional needles and syringes are used by the dentists when administering local anaesthetic, as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that safer sharps should be used so far as is reasonably practicable. A risk assessment has been undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them.

Review of personnel records demonstrated that evidence of the Hepatitis B vaccination status of clinical staff was retained. These records had either been generated by the staff member's GP or by an occupational health department. Ms Duffy confirmed that all newly recruited clinical staff members, new to dentistry, were automatically referred to occupational health.

#### 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

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.

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, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. Ms Duffy confirmed that the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination, however the relevant documents were unavailable for review during the inspection. Following the inspection RQIA received evidence via email to confirm that the equipment identified 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.

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

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

	Regulations	Standards
Areas for improvement	0	0



## 5.5 Radiology and radiation safety

The practice has three 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. Ms Duffy confirmed that the OPG is not used.

Ms Duffy confirmed that the radiation protection supervisor (RPS), a dentist working in the practice, 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. Ms Duffy confirmed that 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, completed during February 2018, 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. Ms Duffy confirmed that whilst the practice has not received a complaint since the last care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary. Ms Duffy 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.

### 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

A visit by the registered provider was undertaken during January 2020 as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which included timescales and the person responsible for completing the action.

### Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.8 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 were discussed with staff.



## 5.9 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. Comments included in the returned patient questionnaires indicated a high level of satisfaction with the treatment, care and service provided by Clear Dental Oldpark.

Six staff submitted questionnaire responses to RQIA. All staff, with the exception of one, indicated that they felt patient care was safe, effective, that patients were treated with compassion, that the service was well led and were either satisfied or very satisfied with each of these areas of patient care. One staff member indicated that they were very unsatisfied with each of these areas of patient care.

Staff spoken with during the course of the inspection provided only positive comments in relation to both working in the practice and the dental care provided to patients. During discussion about the staff feedback the practice manager undertook to explore the possible reasons behind the unsatisfied responses provided by one staff member.

## 5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan is not required or included, as part of this inspection report.



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