

# Announced Care Inspection Report 15 October 2019



## Clear Dental Antrim

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

**Address: 26 Church Street, Antrim, BT41 4BA**

**Tel No: 028 9446 3234**

**Inspector: Stephen O'Connor**

[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 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. Clear Dental Care (NI) Limited is the registered provider for ten dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental Care (NI) Limited.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Clear Dental Care (NI) Limited  <b>Responsible Individual:</b> Mr Mark Tosh	<b>Registered Manager:</b> Ms Megan Dowie
<b>Person in charge at the time of inspection:</b> Ms Megan Dowie	<b>Date manager registered:</b> 27 September 2019
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent inspection dated 11 December 2018

The most recent inspection of Clear Dental Antrim 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 11 December 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 15 October 2019 from 10:00 to 12:40.

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 Megan Dowie, registered manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Dowie, registered 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 February 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.

During discussion Ms Dowie and staff confirmed that two medical emergencies had occurred in the practice since the previous inspection. These medical emergencies were managed in keeping with best practice guidance; however neither of these events had been notified to RQIA. Ms Dowie readily agreed to submit retrospective notifications to RQIA. The notifications were submitted to RQIA on 16 October 2019. Further information in respect to statutory notifications can be found in Section 5.7 of this report.

### 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.

Ms Dowie confirmed that conscious sedation is not provided in Clear Dental Antrim.

## 5.3 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, 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 areas of good practice. Ms Dowie confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that findings of the IPS audit are shared with staff at the time and discussed at subsequent 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.

Review of the staff register and discussion with Ms Dowie evidenced that three clinical staff members commenced work in the practice during 2019. Review of personnel records in relation to the three identified staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had either been generated by the staff member's GP or by an occupational health department. Ms Dowie was advised that should clinical staff new to dentistry be recruited in the future they should be referred to occupational health.

During discussion it was identified that safer sharps are available, however on occasion dentists may use conventional needles and syringes when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Individual sharps risk assessments were in place.

### 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

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, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Ms Dowie confirmed that the practice policy details that compatible handpieces should be processed in the washer disinfectant prior to sterilisation. An area for improvement against the standards has been made to address this.

Appropriate equipment, including a washer disinfectant and two steam sterilisers has 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 in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control test (ACT) are not recorded in the steriliser logbooks. An area for improvement against the standards has been made to address this.

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 in the main 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**

The procedure for the decontamination of dental hand pieces should be reviewed.

The details of the daily ACT should be recorded in the steam steriliser logbooks.

	Regulations	Standards
Areas for improvement	0	2

**5.5 Radiology and radiation safety**

**Radiology and radiation safety**

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

Ms Dowie confirmed the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that 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 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 Tosh as the responsible individual does not undertake any clinical work in Clear Dental Antrim. Ms Dowie is in day to day charge of the practice, therefore Mr Tosh is required to undertake Regulation 26 unannounced quality monitoring visits.

Review of the most recent Regulation 26 report dated 29 July 2019 evidenced that the report included all information as specified in Regulation 26. The report included information in respect to an arson attack in a separate business located on the ground floor of the building, in which the dental practice is located. During the arson attack the dental practice sustained smoke damage and was required to close for one week to undertake repairs. All patients with appointments for that time period were contacted and informed that they could be seen in Castle Way Dental Practice (CWDP). CWDP is also operated by Clear Dental Care (NI) Limited and is located in close proximity to Clear Dental Antrim. A notification in respect of this incident was not submitted to RQIA.



Ms Dowie was advised the unexpected closure of the practice constituted a notifiable event and that a retrospective notification should be submitted to RQIA. Ms Dowie readily agreed to this and a notification was submitted on the afternoon of the inspection.

As discussed in Section 5.1 of this report, it was identified that two medical emergencies had also not been notified to RQIA. An area for improvement has been made against the standards to ensure that all notifiable events are submitted to RQIA in accordance with legislation.

### 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

In accordance with Regulation 28, any event which adversely affects the well-being or safety of any patient must be notified to RQIA. Notifications must be submitted in accordance with RQIA's guidance document 'Statutory notification of incidents and deaths guidance for registered providers and managers of regulated services'.

	Regulations	Standards
Areas for improvement	0	1

## 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 Ms Dowie and staff.

## 5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 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 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. The following comment was included in a submitted questionnaire response:

- "Treatment was great."

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

**5.10 Total number of areas for improvement**

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Ms Dowie, registered manager, 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 Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 12 November 2019	The responsible individual shall ensure the procedure for the decontamination of dental handpieces is reviewed 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 disinfectator.  Ref: 5.4
	<b>Response by registered person detailing the actions taken:</b> It is the practice policy to process all compatible handpieces in the washer disinfectator and i will ensure this is reinforced.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2019</p>	<p>The responsible individual shall ensure the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbooks.</p> <p>Ref: 5.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> I will reinforce the procedures required to properly document the decon process including the ACT</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2019</p>	<p>The responsible individual shall ensure that any event which adversely affects the well-being or safety of any patient is notified to RQIA in accordance with RQIA's guidance document 'Statutory notification of incidents and deaths guidance for registered providers and managers of regulated services'.</p> <p>Ref: 5.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This was an oversight when we had a fire in the building below ours in february, We were able to ensure minimal disruption to patients by using our other facilities in the town and therefore didn't realise we had to log it as a notifiable event. In the future we shall ensure all such matters are logged as notifiable events.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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