Announced Care Inspection Report
19 November 2019

Xquisite Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 5 North Street, Newtownards, BT23 4DE
Tel No: 028 9181 2615
Inspector: Steven Smith

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: Ferguson McCartan Ltd **Responsible Individual:** Ms Delia McCartan	**Registered Manager:** Ms Delia McCartan
Person in charge at the time of inspection: Ms Delia McCartan	**Date manager registered:** 25 August 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Four

4.0 Action/enforcement taken following the most recent inspection dated 28 September 2018

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

5.0 Inspection findings

An announced inspection took place on 19 November 2019 from 13:15 to 16:00.

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

An area for improvement against the standards was made in relation to the decontamination and storage of dental instruments.

The findings of the inspection were provided to Ms McCartan 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 March 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.

Discussion with Ms McCartan and staff evidenced that two types of conscious sedation are provided in the practice, intravenous (IV) sedation and inhalation sedation, known as relative analgesia (RA). Two dentists provide both forms of sedation and it was confirmed that IV

sedation is only offered to persons over the age of 18. A policy and procedure in relation to the management of conscious sedation is in place.

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). Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records and discussion with Ms McCartan confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. A nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Medicines used during IV sedation were appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these medicines.

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 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. 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 a dental nurse and Ms McCartan confirmed that any learning identified as a result of these audits is shared at staff meetings.

All dental nurses contribute to the completion of the audit, this is considered good practice and it encourages shared ownership of IPC 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.

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.

Discussion with Ms McCartan and the practice manager and review of the practice accident/incident book evidenced that one sharps injury occurred during 2019. In this instance a dental nurse sustained a sharps injury from a used needle. The sharps injury was managed in accordance with best practice and the dental nurse who sustained the sharps injury attended occupational health. Following this incident the policy on sharps management was discussed with all staff who were reminded of their responsibilities in regards to the handling of used sharps. The event had not been notified to RQIA and Ms McCartan readily agreed to submit a retrospective notification to RQIA which was received on 19 November 2019.

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 McCartan 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

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 sterilised following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, two steam sterilisers and a DAC Universal, has been provided to meet the practice requirements. With the exception of the washer disinfector, all 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.

Review of the relevant equipment logbook and discussion with staff evidenced that the washer disinfector had not been in use for sustained periods throughout the year. As a result instruments were manually cleaned during these periods, as opposed to being processed through the washer disinfector, prior to sterilisation. This was discussed in detail with Ms McCartan and it was advised that the faulty washer disinfector should be repaired or replaced without delay. It was also observed that wrapped, sterilised dental instruments stored in the decontamination room were not labelled to indicate either the date of sterilisation or the date by which they should be used. Ms McCartan was advised that a robust system should be implemented to ensure that dental instruments are stored in accordance with timeframes specified in HTM 01-05. An area for improvement against the standards has been made with regard to the two issues identified.

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, in general, staff have the knowledge and skills to ensure that standards are maintained.

Areas for improvement

All reusable dental instruments must be decontaminated using validated processes in keeping with best practice as outlined in HTM 01-05. The faulty washer disinfector should be repaired or replaced without delay.

A robust system should be implemented to ensure that dental instruments are stored in accordance with timeframes specified in HTM 01-05

	Regulations	Standards
Areas for improvement	**0**	**1**

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, three of which have an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Ms McCartan, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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 McCartan 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. 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. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

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.

Ms McCartan 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 staff.

5.9 Patient and staff views

Nineteen 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 satisfied or very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses indicated a high level of satisfaction in relation to the care and service provided.

Five staff submitted questionnaire responses to RQIA. All indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Four staff indicated that they were very satisfied with each of these areas of patient care, one member of staff was undecided in relation to the service being well led. The questionnaire responses were discussed with Ms McCartan who agreed to discuss them in more detail during the next staff meeting.

No comments were included in submitted staff questionnaire responses.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms McCartan, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 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 13.4 **Stated:** First time **To be completed by:** 19 December 2019	The responsible individual shall ensure that: • All reusable dental instruments are decontaminated using validated processes in keeping with best practice as outlined in Health Technical memorandum (HTM) 01-05. The faulty washer disinfector should be repaired or replaced • A robust system should be implemented to ensure that dental instruments are stored in accordance with timeframes specified in HTM 01-05 Ref: 5.4
	Response by registered person detailing the actions taken: 1. New washer disinfectant with Validation Certificate in place 2.Mini dater purchesed and new policy for dating sterilised equipment implemented Andra Hamilton Practice Manager

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

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