Announced Care Inspection Report
24 April 2019

Clear Dental Armagh

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 12 - 14 Russell Street, Armagh, BT61 9AA
Tel No: 028 3752 4958
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
- 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

2.0 Profile of service

This is a registered dental practice with six registered places.

3.0 Service details

Organisation/Registered Provider: Clear Dental Care (NI) Limited **Responsible Individual:** Mr Mark Tosh	**Registered Manager:** Ms Lyndsey Reid
Person in charge at the time of inspection: Ms Lyndsey Reid	**Date manager registered:** 17/07/2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 6

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

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

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

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 26 **Stated:** First time	The registered person should review the quality of the information documented in the unannounced monitoring reports completed in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. The registered person should be assured that all areas within the dental practice have been reviewed in order to properly monitor the quality of the service provided in their establishment.	**Met**

	An action plan to address any issues identified should be generated where applicable.	
	Action taken as confirmed during the inspection: Discussion with Ms Reid and review of records evidenced that the quality of the information documented in the unannounced monitoring reports completed in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 had been revised. The most recent unannounced monitoring report completed by the registered person during January 2019 evidenced that all areas within the dental practice had been reviewed in order to properly monitor the quality of the service provided in the establishment.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** Second time	The registered person shall ensure that policy and procedure for the safeguarding and protection of adults at risk of harm provided is reflective of best practice guidance. A copy should be provided to RQIA upon return of the QIP.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Reid and review of records confirmed that the policy and procedure for the safeguarding and protection of adults at risk of harm has been updated and reflects best practice guidance.	
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that all medications and equipment are provided in keeping with the BNF and the Resuscitation Council (UK) guidelines.	**Met**
	Action taken as confirmed during the inspection: Review of emergency medications and discussion with Ms Reid evidenced that Buccolam was not provided in sufficient quantities. The oral glucose had expired. These issues were satisfactorily addressed on conclusion of the inspection.	

	All other medications and equipment were provided in keeping with the BNF and the Resuscitation Council (UK) guidelines.	
Area for improvement 3 **Ref**: Standard 8.5 **Stated:** First time	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Reid indicated that dentists in the practice do not use safer sharps. Review of records confirmed that a risk assessment has been undertaken for all dentists who do not use safer sharps.	
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that the walls in the decontamination room are repainted and the identified damaged cabinet door surface be made good, in order to facilitate effective cleaning.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Reid and inspection of the decontamination room confirmed that the walls have been repainted and the identified damaged cabinet door has been replaced.	
Area for improvement 5 **Ref**: Standard 8.3 **Stated:** First time	The registered person shall ensure that rectangular collimation is in use as recommended by the radiation protection advisor.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Reid and inspection of the x-ray equipment confirmed that rectangular collimation is in use as recommended by the radiation protection advisor.	

5.0 Inspection findings

An announced inspection took place on 24 April 2019 from 10:00 to 12:30.

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 Lyndsey Reid, 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 Reid 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 general, were retained in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the HSCB and BNF. A discussion took place with regards to the procedure for the safe administration of Buccolam. Ms Reid was advised to increase the supply of Buccolam accordingly. Following the inspection RQIA received evidence to confirm that the supply of Buccolam had been increased as advised.

Ms Reid confirmed that emergency medicines and equipment are checked monthly. However a review of relevant documentation established that emergency medicines and equipment were not individually recorded on an identified checklist to ensure that they do not exceed their expiry date. On checking the emergency medicines it was identified that the oral glucose had expired during March 2019. Following the inspection RQIA received evidence to confirm that emergency medicines and equipment had been individually recorded on an identified checklist and that the expired oral glucose had been replaced.

Ms Reid confirmed that glucagon for injection was stored in the fridge. On reviewing relevant documentation it was identified that daily fridge temperatures had not been recorded. Following the inspection RQIA received evidence to confirm that a checklist had been put in place to ensure that fridge temperatures were recorded daily.

An area for improvement against the regulations has been made to ensure that robust arrangements are developed and implemented to ensure that emergency medicines are retained within their expiry dates and replaced when due.

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 May 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.

Areas of good practice

Staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Robust arrangements must be developed and implemented to ensure that emergency medicines are retained within their expiry dates and replaced when due.

	Regulations	Standards
Areas for improvement	1	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 Reid confirmed that conscious sedation is not provided.

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. Washable covers should be provided for the computer keyboards in the surgeries. An area for improvement against the standards has been made.

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 December 2018, 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 head dental nurse and Ms Reid 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.

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

A washable cover should be provided for the computer keyboard in each surgery**.**

	Regulations	Standards
Areas for improvement	0	1

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.

Appropriate equipment, including a DAC Universal, washer disinfector and four 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 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is no longer in use and was decommissioned during April 2019.

The radiation protection supervisor (RPS) 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, completed during December 2018, did not demonstrate that all recommendations made had been addressed. Following the inspection RQIA received evidence to confirm that all outstanding recommendations had been addressed.

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

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 Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives are made aware of how to make a complaint by way of the Patient's Guide and information on display in the practice. Discussion with Ms Reid confirmed that staff 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. Ms Reid confirmed that the practice had not received a complaint since January 2018, but that as necessary an audit of complaints would be undertaken 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

A visit by the registered provider was undertaken during January 2019 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. Ms Reid confirmed that an action plan would be developed to address any issues identified, including 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

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

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 submitted questionnaire responses are as follows:

- “Great service”.
- “Happy with treatment”.
- “Staff are normally very helpful and try to accommodate you as best they can”.

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

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

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 Reid 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (6) **Stated:** First time **To be completed by:** 24 May 2019	The registered person shall ensure that robust arrangements are developed and implemented to ensure that emergency medicines are retained within their expiry dates and replaced when due. Ref: 5.1
	Response by registered person detailing the actions taken: All our practices have a list of drugs and equipment with the expiry date for each i am unsure why this was not available on the day but i will reinforce the need to have this readiy available in practice
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 24 May 2019	The registered person shall ensure that a washable cover is provided for the computer keyboard in each surgery Ref: 5.2
	Response by registered person detailing the actions taken: I will review and provide where appropriate i was of the understanding we had wipeable keyboards in armagh but i will review this asap

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

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