

Announced Care Inspection Report 12 November 2019



Appletree Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1 The Old Gasworks, Kilmorey Street, Newry, BT34 2DH
Tel No: 028 3025 2228
Inspector: Emily Campbell

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.

3.0 Service details

Organisation/Registered Provider: Ms Katrina McKeivitt Mr Conor McEnhill	Registered Manager: Mr Conor McEnhill
Person in charge at the time of inspection: Ms Katrina McKeivitt Mr Conor McEnhill	Date manager registered: 30 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 23 October 2018

The most recent inspection of the establishment 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 23 October 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 November 2019 from 10:20 to 13:35.

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 Katrina McKevitt and Mr Conor McEnhill, registered persons, Ms Caroline Mullan, practice manager, three dental nurses, some of whom also undertake receptionist duties, a receptionist and a hygienist. A tour of some areas of the premises was also undertaken. The inspection was facilitated by Ms Mullan.

The findings of the inspection were provided to Ms McKevitt, Mr McEnhill and Ms Mullan 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) were retained. Buccolam was only available in 10mg doses and the Aspirin 300mg was not dispersible. Ms Mullan confirmed by email on 15 November 2019 that 2.5mg and 5mg doses of Buccolam in prefilled syringe format and Aspirin Dispersible 300mg tablets had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 annual medical emergency refresher training was booked for the day following this inspection.

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, in general, 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 received 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.

Mr McEnhill confirmed that conscious sedation is provided in the form of intravenous sedation (IV) to patients; Mr McEnhill is the only dentist currently providing this service. A sedation audit was undertaken by Mr McEnhill on 24 October 2019 as part of the practice's governance arrangements.

A policy and procedure in relation to the management of conscious sedation is in place. Discussion took place regarding further development of the policy and Ms Mullan confirmed by email on 15 November 2019, that this had been actioned.

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.

IV medication was stored in a locked cabinet along with the emergency medications which is unlocked each morning; however, this allows unauthorised access to IV medications. This was discussed with Mr McEnhill and confirmation was received by email on 15 November 2019, that IV medications are now stored in a separate locked cupboard which only Mr McEnhill has access to. Suggestions were made on the further development of the stock reconciliation records. Mr McEnhill confirmed by email on 28 November 2019 that the stock reconciliation record had been amended.

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

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

	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 October 2019, evidenced that the audit had identified areas of good practice. However some issues were identified during the inspection which had not been reflected in the most recent audit. This should be considered when completing future audits to ensure they are completed in a meaningful manner. The audits are carried out by Ms Mullan or a dental nurse and it was confirmed that the results of audits are shared with staff at team meetings.

Cabinetry was not sealed where it meets the flooring in some clinical areas and the cabinetry in one surgery was showing signs of rust. Hepatitis B vaccination records were retained in respect of clinical staff, with the exception of one. Ms Mullan confirmed by email on 15 November 2019, that arrangements had been made to address these issues.

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 identified 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 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 and Ms Mullan confirmed that sharps risk assessments were in place for each dentist who do not use safer sharps.

Areas of good practice

A review of the current arrangements evidenced, in general, 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

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

	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, with the exception of the location of the illuminated magnification light. This was positioned before the disinfection process as opposed to after it. Ms Mullan confirmed by email on 15 November 2019, that arrangements had been made to relocate the illuminated magnification light.

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 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 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, in general, 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 received following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

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. In addition there is a cone beam computed tomography (CBCT) scanner which is located in a separate room.

Mr McEnhill, as 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.

Two dedicated radiation protection files, one in respect of the intra-oral x-ray machines and one in respect of the CBCT, containing all relevant information were in place. Mr McEnhill 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 in respect of the intra-oral x-ray machines and yearly in respect of the CBCT.

It was confirmed that the recommendations made by the RPA in the most recent reports for the intra-oral x-ray units and the CBCT had been addressed. These had not been signed off by Mr McEnhill and assurances were given in this regard.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr McEnhill 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. The policy identified the Ombudsman, HSCB, Dental Complaints Service, General Dental Council (GDC) and RQIA as routes for referral in the event of dissatisfaction of the complaints investigation at local level.

Ms Mullan was advised that the policy should be further developed to refer complainants who are dissatisfied with the complaints investigation at local level to the Ombudsman (NHS care and treatment) and the Dental Complaints Service (private care and treatment) only. The details of the HSCB and GDC should be included as agencies that may be utilised within the investigation at local level. The details of RQIA should be included as a body who take an oversight view of complaints management. Ms Mullan confirmed by email on 15 November 2019 that this had been actioned.

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.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

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

	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 McEnhill and/or Ms McKevitt are 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

Twenty patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in questionnaire responses:

- “Staff always very friendly and helpful.”
- “Very caring atmosphere from when you call or walk through the door. Very approachable staff.”
- “The care/treatment has always been of the highest order. Love coming here.”

Nine staff members and a visiting professional submitted electronic questionnaire responses to RQIA. Nine indicated that they were very satisfied that patient care was safe, effective, and compassionate, eight indicated they were very satisfied that the service was well led and one that they were satisfied. One staff member indicated they were very unsatisfied with each of these domains; this was discussed with Ms Mullan on 27 November 2019, who advised that a staff member had informed her that they had accidentally completed the responses incorrectly. The following comments were provided in questionnaire responses:

- “Well organised practice with supportive owners whose care for the patients is utmost and create a good team environment.”
- “Excellent practise both to work for and for patient care.”

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 (QIP) is not required or included, as part of this inspection report.



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