

# Announced Care Inspection Report 17 October 2019



## Belvoir Dental Care

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

**Address: 1A Drumart Square, Belvoir Park, Belfast, BT8 7EY**

**Tel No: 028 90 491800**

**Inspector: Norma Munn**

[www.rgia.org.uk](http://www.rgia.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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Person:</b> Ms Lillian Armstrong	<b>Registered Manager:</b> Mr James Byrne
<b>Person in charge at the time of inspection:</b> Ms Lillian Armstrong	<b>Date manager registered:</b> 11 July 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

Ms Lillian Armstrong also operates A B Dental Surgeries Glengormley. Mr James Byrne is the registered manager for both practices.

## 4.0 Action/enforcement taken following the most recent inspection dated 29 November 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 17 October 2019 from 10.00 to 12.05.

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 Lillian Armstrong, registered person and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Armstrong 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 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 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 September 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.

Ms Armstrong confirmed that conscious sedation had been provided in the form of Inhalation sedation, known as relative analgesia (RA). Information was available for patients in respect of the treatment provided and aftercare arrangements.

A policy and procedure in relation to the management of conscious sedation had not been developed.

One care record reviewed did not include a record of the justification for using sedation or consent for treatment. Ms Armstrong confirmed that conscious sedation training had taken place however there were no records to evidence this and there were no records to evidence that the RA equipment has been serviced in keeping with manufacturer's instructions.

During the inspection Ms Armstrong made a decision to cease offering RA sedation to patients. Following the inspection Ms Armstrong confirmed by email that conscious sedation had ceased to be provided to patients in Belvoir Dental Practice with effect from the day of the inspection.

### 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 September 2019 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms Armstrong confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits would be shared with staff at the time.

Staff confirmed that they had received IPC training commensurate with their roles and responsibilities and during discussion it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

No new staff had commenced employment since the previous inspection. Ms Armstrong confirmed that should staff be recruited in the future records would be retained to evidence their Hepatitis B vaccination status. Ms Armstrong was aware that all newly recruited clinical staff members, new to dentistry, should be referred to an occupational health department.

#### 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.

Appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser has been provided to meet the practice requirements. Ms Armstrong confirmed that the pressure vessels had been inspected in keeping with the written scheme of examination. Ms Armstrong was unable to locate the documentation in relation to this however, evidence had been provided during the previous inspection. The steriliser had been appropriately validated in keeping with manufacturer's instructions and HTM 01-05. Evidence that the washer disinfector and DAC Universal had also been appropriately validated was submitted to RQIA following the inspection.

A review of decontamination equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff were 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 general 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 two 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 Armstrong confirmed that the OPG has been decommissioned and is no longer operational.

Ms Armstrong as the radiation protection supervisor (RPS) is 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 Armstrong 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 on 22 July 2019 demonstrated that not all of the recommendations made have been addressed. Ms Armstrong confirmed that she only received her radiation file and report back from the RPA on 15 October 2019. Ms Armstrong has given assurances that all recommendations made will be 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 Ms Armstrong 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
<b>Areas for improvement</b>	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 information on display in the practice. Ms Armstrong was advised to update this information to reflect the complaints policy and procedure in place. Ms Armstrong agreed to action this immediately following the inspection.

Ms Armstrong and staff were knowledgeable about how to respond to complaints.

Ms Armstrong confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. No complaints had been received since the previous inspection. Ms Armstrong confirmed that should a complaint be received a record would be kept of the complaint including the details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. The practice also retains compliments received.

**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
<b>Areas for improvement</b>	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 Armstrong 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 Ms Armstrong and staff.

## 5.9 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All of the 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 of the patients indicated that they were very satisfied with each of these areas of their care. No comments were included in the submitted questionnaire responses.

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	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.



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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