

Announced Care Inspection Report 23 November 2018



Bupa Dental Care – Glengormley

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

Address: Unit 1 – 3, 350 Antrim Road, Glengormley BT36 5EQ

Tel No: 028 9083 3100

Inspector: Bridget Dougan

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 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with five registered places.

3.0 Service details

Organisation/Registered Provider: Oasis Dental Care (Central) Ltd - trading as Bupa Dental Care – Glengormley Responsible Individual: Zara Doyle (registration pending)	Registered Manager: Mrs Lynda Bailey
Person in charge at the time of inspection: Mrs Lynda Bailey	Date manager registered: 27 October 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

Since the previous care inspection, Oasis Dental Care (Central) Ltd was purchased by Bupa Dental Care Ltd. A registration application and fee in respect of Bupa Dental Care Ltd was submitted to RQIA and registration was approved from 9 July 2018. The practice operates under the name of Bupa Dental Care – Glengormley. Bupa Dental Care is the parent company for 17 dental practices registered with RQIA; a further four dental practices are currently going through the registration process. Mr Andrew Relf was the responsible individual for Bupa Dental Care Ltd. Mr Relf resigned his position as responsible individual and a responsible individual registration application and fee has been submitted to RQIA in respect of Ms Zara Doyle; this application is currently being processed.

4.0 Action/enforcement taken following the most recent inspection dated 8 September 2017

The most recent inspection of Bupa Dental Care – Glengormley was an announced variation to registration care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 8 September 2017

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 23 November 2018 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 Mrs Lynda Bailey, registered manager; two dentists; two dental nurses; and one receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Bailey 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 in the main emergency medicines, in keeping with the British National Formulary (BNF), were retained. It was observed that two pre-filled syringes of Buccolam 5mg and two pre-filled syringes of Buccolam 2.5mg were retained. A discussion took place in relation to the various doses and quantity of Buccolam needed as recommended by the Health and Social Care Board (HSCB) and BNF. Sufficient stock of Buccolam should be available in order to be able to administer all four doses dependent on the patients age and a second dose to the same patient if required, in keeping with the HSCB and BNF. The registered manager provided assurances that sufficient quantities of Buccolam 10mg would be ordered following the inspection.

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 most recent occasion staff completed medical emergency refresher training was during August 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

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 further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 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 by the lead dental nurse during July 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Bailey confirmed that should the audit identify areas for improvement, an action plan would be generated to address the identified issues; and that learning from audits would be shared with staff at the time and discussed during staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best 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.

During discussion it was identified that conventional needles and syringes are used by the dentists 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 'safer sharps are used so far as is reasonably practicable'. Mrs Bailey confirmed that it is the responsibility of the user of sharps to safely dispose of them. A risk assessment on the use of sharps had been completed in July 2018. It was advised that consideration should be given to using safer sharps.

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

5.3 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 receives 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 two washer disinfectors 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 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

5.4 Radiology and radiation safety

Radiology and radiation safety

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

Mrs Bailey confirmed that the radiation protection supervisor (RPS) for the practice 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 radiation protection supervisor (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

5.5 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 Mrs Bailey.

Discussion with the registered manager and review of information evidenced that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Twenty 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 patient questionnaire responses are as follows:

- “Staff are excellent.”
- “All the staff are fantastic. Excellent care.”
- “I feel the staff are all compassionate and caring. Myself and my family all attend and definitely would not go anywhere else. First class.”
- “Very pleased with the treatment I receive and the helpfulness of all the staff.”
- “Regular dentistry prices are great, however specialised treatment (braces, cosmetics) are really high and could be improved.”
- “My usual dentist, XXXX is absolutely brilliant. I have actually recommended half a dozen people to enrol at this dentist because of her. She makes going to the dentist a pleasure.”

No staff submitted questionnaire responses to RQIA within the allocated timeframe. We spoke with six staff during the inspection. All staff spoke about the practice in positive terms and no concerns were expressed.

5.7 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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