

# Announced Care Inspection Report 24 July 2019



## Dental 32

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

**Address: 32 Rainey Street, Magherafelt, BT45 5AQ**

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**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://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 five registered places. Dental 32 was initially registered with RQIA on 25 August 2011 as a partnership between Mr Robert Wallace and Ms Maire-Claire McMullan. Following the previous inspection Mr Wallace informed RQIA that from 31 January 2019 he would no longer be a partner in the practice or registered manager for the practice. Subsequently a registration application was submitted in respect of Millidora Limited. Following review of the registration application, the registration of Millidora Limited and of Ms Maire-Claire McMullan as responsible individual and registered manager was approved from 1 February 2019. The practice continues to operate as Dental 32.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Millidora Limited  <b>Responsible Individual:</b> Ms Marie-Claire McMullan	<b>Registered Manager:</b> Ms Marie-Claire McMullan
<b>Person in charge at the time of inspection:</b> Ms Marie-Claire McMullan	<b>Date manager registered:</b> 01 February 2019
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 4.0 Action/enforcement taken following the most recent inspection dated 25 May 2018

The most recent inspection of Dental 32 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 25 May 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 24 July 2019 between 10:00 and 12:25.

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 Marie-Claire McMullan, responsible individual and registered manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms McMullan, responsible individual 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.

Ms McMullan confirmed that conscious sedation is provided in Dental 32. Discussion with Ms McMullan evidenced that two types of conscious sedation are provided in the practice, intravenous sedation (IV) and inhalation sedation known as relative analgesia (RA). Two dentists provide IV and RA sedation and one dentist provides RA sedation only. Ms McMullan 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 was 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), which is the best practice guidance document endorsed in Northern Ireland.

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 McMullan confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. Ms McMullan confirmed that 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 drugs. A discussion took place in regards to further developing the system to reconcile IV medications.

### 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 May 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms McMullan confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

It was suggested that all dental nurses contribute to the completion of the IPS audit; the inclusion of all dental nurses in the audit process will encourage 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.

#### 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

Decontamination rooms, one for dirty activity and one for clean activity, separate from patient treatment areas and dedicated to the decontamination process are available. The decontamination rooms facilitate 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 three steam sterilisers have 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.5 Radiology and radiation safety**

**Radiology and radiation safety**

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

Ms McMullan as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that 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 McMullan 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 annually in respect of the OPG and CT scanner. A review of the reports 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.6 Complaints management**

There was one overarching complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. It was suggested that the time frames for responding to complaints could be increased from 10 working days to 28 working days. 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.

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 McMullan confirmed an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these 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

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 McMullan 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 McMullan.

### 5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 20 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Just keep doing what you are doing so very well. Thank you.”
- “I am always very happy with my treatment.”

Four staff submitted questionnaire responses to RQIA. Two staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and indicated that they were very satisfied with each of these areas of patient care. Two staff indicated that they were very unsatisfied with each of these areas of patient care. However these two staff members provided positive comments as detailed below. Therefore it is likely that they submitted a very unsatisfied response in error.

- “Very friendly and well run practice putting patients first.”
- “Fantastic work place and environment with excellent systems in place for procedures. In respect of training and we are all included in the Isopharm online training; so we continually complete courses in conjunction with staff meetings.”
- “Principle very approachable, team works well together.”

**5.10 Total number of areas for improvement**

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**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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