

Announced Care Inspection Report 1 October 2019



Shankill Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 244 Shankill Road, Belfast, BT13 2BL
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Inspector: Emily Campbell

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 four registered places.

3.0 Service details

Organisation/Registered Providers: Ms Lynn Browne Ms Anne McIlhagger	Registered Manager: Ms Lynn Browne
Persons in charge at the time of inspection: Ms Lynn Browne Ms Anne McIlhagger	Date manager registered: 08 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 26 February 2019.

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 1 October 2019 from 10:25 to 13:15.

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 Lynn Browne and Ms Anne McIlhagger, registered persons, an associate dentist, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Browne and Ms McIlhagger 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 November 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 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 Browne confirmed that conscious sedation in the form of inhalation sedation, known as relative analgesia (RA), is provided.

A policy and procedure in relation to the management of conscious sedation is in place, however, this lacked detail of all of the relevant components associated with conscious sedation. A revised policy was emailed to RQIA on 24 October 2019 which was reflective of best practice guidelines.

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 and observation of the patient condition were recorded. Whilst consent forms had been completed, these were only signed for the first occasion RA was given, verbal consent having been obtained thereafter. Ms Browne readily agreed to ensure that written consent is obtained for each occasion RA is administered and a revised consent form was emailed to RQIA on 24 October 2019.

Written information for patients in respect of the treatment provided and aftercare arrangements was not available. However Ms Browne submitted a written information sheet, to RQIA on 24 October 2019, detailing this information and provided assurances it would be provided to patients who receive RA.

Discussion with Ms Browne and review of training records of the dental team providing treatment under conscious sedation, identified that update training was overdue. An area for improvement against the standards was made in this regard.

A review of records and discussion with Ms Browne confirmed that the RA equipment was last serviced in March 2018. Ms Browne agreed to check and ensure the frequency of servicing is in keeping with the manufacturer’s instructions. Ms Browne 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.

Areas of good practice

A review of arrangements in respect of conscious sedation during the inspection and information received following the inspection indicated, in general, that dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

Arrangements should be established to ensure that the dental team providing treatment under conscious sedation, undertake update training in keeping with best practice guidance.

	Regulations	Standards
Areas for improvement	0	1

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 both areas of good practice and areas that require to be improved.

The audits, previously conducted by Ms Browne, was last carried out by a dental nurse; this demonstrates empowering staff and will promote staff understanding of the audit, IPC procedures and best practice. Discussion with Ms Browne and staff confirmed that any learning identified as a result of these audits is shared with staff at team meetings.

The management of dental unit water lines (DUWLs) was discussed and Ms Browne agreed to check that the product manufacturer’s instructions are applied.

Safer sharps in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 are used by all dentists with the exception of one dentist and a risk assessment had completed by the dentist in this regard.

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.

Records are retained of the Hepatitis B vaccination status of all staff. Review of the personnel files of the two most recently recruited clinical staff evidenced that the Hepatitis B vaccinations had been administered by the staff members’ GPs. Ms Browne was advised that in the future all newly recruited clinical staff members, new to dentistry, should be referred to occupational health.

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 disinfecter, a DAC Universal 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

5.5 Radiology and radiation safety

Radiology and radiation safety

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

Ms McIlhagger, 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.

A dedicated radiation protection file containing all relevant information was in place. Ms McIlhagger 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 in January 2018, demonstrated that any recommendations made have been signed off as addressed. A new intra-oral x-ray unit was installed in surgery 3 in October 2018 and a critical examination had been carried out by the RPA in keeping with best practice.

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

Ms McIlhagger 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. Minor amendments were made to the procedure, which was emailed to RQIA on 2 October 2019 and was found to be 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 the patient's guide. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

There have been no complaints since the previous inspection; however, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was confirmed that records of complaints would include 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.

Ms Browne and/or Ms McIlhagger 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 Ms Browne and staff.

5.9 Patient and staff views

Six 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:

- “My dentist makes me feel comfortable and is always so friendly. She takes her time and gives the best service. Would highly recommend Ann.”
- “Very friendly staff that put me at ease.”

Staff were invited to submit questionnaire responses electronically. No questionnaire responses were submitted to RQIA.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Lynn Browne and Ms Anne McIlhagger, registered persons, 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 Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2020</p>	<p>The registered person shall establish arrangements to ensure that the dental team providing treatment under conscious sedation, undertake update training in keeping with best practice guidance.</p> <p>Ref: 5.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The sedation update training course will be attended as soon as available by Lynn and Lyndsay. Registered nurses in the practice will complete a sedation course and be signed off as competent by 30th Nov 2019.</p>

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



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