

Announced Variation to Registration Care Inspection Report 11 August 2017



SperrinSmile Dental Care

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

Address: 78 Main Street, Dungiven BT47 4LG

Tel No: 028 77741780

Inspector: Carmel McKeegan

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mrs Kegan Lewis	Registered Manager: Mrs Alison House (acting)
Person in charge at the time of inspection: Mrs Kegan Lewis	Date manager registered: Miss Alison House (Acting) from 9 August 2016
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 2 increasing to 3 effective from 11 August 2017

4.0 Inspection summary

An announced variation to registration inspection of SperrinSmile Dental Care took place on 11 August 2017 from 10.30 to 11.45.

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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mrs Kegan Lewis, registered person. The application was to increase the number of registered dental chairs from two to three.

The inspection sought to assess progress with any issues raised since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

There were examples of good practice found in relation to infection prevention and control and decontamination, maintenance of the environment, radiology and staff recruitment.

The application of variation to increase in the number of registered dental chairs from two to three was approved by the care inspector on 11 August 2017.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Kegan Lewis, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 5 May 2017

No further actions were required to be taken following the most recent inspection on 5 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- discussion with Mrs Lewis, registered person
- review of the submitted variation to registration application
- the previous care inspection report
- evaluation and feedback

During the inspection the inspector met with Mrs Lewis, and a dental nurse. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- statement of purpose (SOP)
- patient guide
- complaints
- infection prevention and control and decontamination
- radiography
- recruitment and selection
- review of the newly established third surgery

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 May 2017

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 May 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.3.1 Statement of Purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

6.3.2 Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

6.3.3 Infection prevention and control/decontamination

The arrangements in relation to the newly established third dental surgery were reviewed. The flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in the new surgery. A laminated /wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

A clinical waste bin had not yet been provided in the surgery, however Mrs Lewis confirmed a foot operated waste bin, in keeping with best practice guidance had been ordered for this

surgery. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

It was confirmed that the practice has purchased additional dental instruments to meet the demands of the new surgery.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed on 28 April 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

6.3.4 Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Discussion with Mrs Lewis and review of records confirmed that robust arrangements are in place for maintaining the environment.

The legionella risk assessment had been reviewed on 8 August 2017 and updated in relation to the third surgery; water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken by an external fire consultant and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Records confirmed that a written scheme of examination of pressure vessels was in place and pressure vessels had been tested in keeping with best practice.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

6.3.5 Radiology

An intra-oral x-ray machine has been installed in the new surgery. It was confirmed that as this machine is new it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination and acceptance test of the new intra-oral x-ray machine had been undertaken by the radiation protection advisor (RPA) on 10 August 2018. The report of the most recent visit by the RPA had not yet been provided to the practice; Mrs Lewis confirmed that there had been no issues raised by the LPA and any recommendations made within the report will be addressed.

A copy of the local rules is on display and appropriate staff had signed to confirm that they had read and understood these.

Review of the radiation protection file and discussion with Mrs Lewis evidenced that all measures are taken to optimise dose exposure. This includes audits of x-ray quality and direct digital x-ray processing.

Mrs Lewis is the radiation protection supervisor (RPS) for the practice. Review of documentation demonstrated that all x-rays are graded for quality and audits of x-ray quality and justification and clinical evaluation recording are completed in keeping with legislative and best practice guidance.

6.3.6 Recruitment of staff

Ms Lewis confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

6.3.7 Conclusion

The variation to the registration in regards to the increase in dental chairs from two to three was approved from a care perspective following this inspection. A new certificate of registration will be issued by RQIA reflecting the increase in registered dental chairs.

Areas of good practice

There were examples of good practice found in relation to infection prevention and control and decontamination, maintenance of the environment, radiology and staff recruitment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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