

Announced Care Inspection Report 12 March 2019



Martina Collins Dental and Skin

**Type of Service: Independent Hospital (IH) – Dental Treatment and
Intense Pulsed Light (IPL) Service**

Address: Rathgar House, 2 Rathgar Street, Belfast, BT9 7GD

Tel No: 02890666684

Inspector: Elizabeth Colgan

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 three registered dental surgeries providing general dental care and treatment. The practice also provides facial aesthetics and is registered to provide treatments using an intense pulse light machine (IPL). This inspection focused solely on those services and treatments that fall within regulated activity and the categories of care for which the establishment is registered.

Intense Pulse Light (IPL) equipment:

- Manufacturer: Lumenis
- Model: M22
- Serial Number: 20897
- Wavelength: IPL 400 to 1200nm

Laser protection advisor (LPA):

Ms Estelle Walker (Onephton)

Laser protection supervisor (LPS):

Ms Martina Collins

Medical support services:

Ms Martina Collins

Authorised operators:

Ms Jennifer Madden

Types of IPL treatment provided:

- hair reduction
- skin rejuvenation
- skin pigmentation
- acne treatment

On discussion it was identified that the Lumenis M22 machine is a multi-platform machine that is also capable of operating as a Class 4 laser by changing the hand piece. A laser hand piece is not available in the establishment. Ms Madden is aware that should a laser hand piece be purchased for the Lumenis M22 machine a variation to registration application should be submitted to RQIA to add the following category of care to the registration of the establishment: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.

3.0 Service details

Organisation/Registered Provider: Martina Collins Dental and Skin Ltd Responsible Individual Mrs Martina Collins	Registered Manager: Ms Holly Capper
Person in charge at the time of inspection: Ms Holly Capper	Date manager registered: Ms Holly Capper (registration pending)
Categories of care: Independent Hospital (IH) – Dental Treatment PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 4 June 2018

The most recent inspection of the establishment was a variation to registration inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 4 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future	Met
	Action taken as confirmed during the inspection: Review of the personnel files for three new members of staff confirmed that AccessNI enhanced disclosure checks had been undertaken and received prior to the new staff,	

	including self-employed staff, commencing work.	
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5.0 Inspection findings

An announced inspection took place on 12 March 2019 from 09.50 to 11.50.

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) and the DOH Minimum Care Standards for Independent Healthcare Establishments (July 2014).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms Holly Capper, manager, Jennifer Madden authorised operator, and one dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Capper 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 June 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 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evidenced that the practice, including the clinical and decontamination areas were 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 November 2018, evidenced that the audit had been completed in a meaningful manner. The audits are carried out by Ms Capper who confirmed that any learning identified as a result of these audits is shared.

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

5.3 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 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 disinfectant, a DAC Universal and a steam steriliser 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
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

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

A dedicated radiation protection file containing all relevant information was in place. Review of documentation confirmed that Mrs Collins the radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current.

It was confirmed that Mrs Collins 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.

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.

Mrs Collins 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

5.5 IPL safety

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. There is a service level agreement between the establishment and the LPA.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Mrs Collins in August 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 24 July 2017 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the IPL equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report in June 2018 was reviewed as part of the inspection process.

Ms Madden confirmed that IPL treatments are only carried out by her as the authorised operator. The register of authorised operators for the IPL machine reflects that Ms Madden is the only authorised operator.

A review of training records evidenced that Ms Madden had up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, safeguarding adults and fire safety.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, laser safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.6 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway in respect of IPL clients

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Five client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 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 Capper who confirmed that the equality data collected was managed in line with best practice.

5.8 Patient and staff views

Fifteen 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 or satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “The practice staff are always friendly and make us feel very welcome.”
- “High quality treatment and care.”
- “Always excellent care.”
- “My Dentist has restored my confidence in my smile again, I can’t thank her enough.”
- “Excellent service, lovely staff, will 100% recommend.”
- “I am satisfied but my treatment is taking longer than anticipated.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.9 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 QIP is not required or included, as part of this inspection report.



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