

Announced Variation to Registration Care Inspection Report 6 January 2017



Martina Collins Dental and Skin

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

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

Tel no: 028 90 666684

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Martina Collins Dental and Skin took place on 06 January 2017 from 09:45 to 11:15.

The practice was initially registered on 12 June 2015. An application to vary the registration of the practice was submitted to RQIA by Mrs Martina Collins, registered person. The application was to increase the number of registered dental chairs from one to two.

The inspection sought to assess progress with any issues raised during and 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.

The variation to registration application was approved following this inspection.

This inspection was underpinned by 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).

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Martina Collins, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 09 May 2016.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mrs Martina Collins	Registered manager: Mrs Lyndsay Spence
Person in charge of the practice at the time of inspection: Mrs Martina Collins	Date manager registered: 12 June 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1 increasing to 2 following inspection

3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted variation to registration application
- discussion with Mrs Martina Collins, registered person
- discussion with Mrs Lyndsay Spence, registered manager
- discussion with staff
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 May 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 09 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1 Stated: First time	The statement of purpose should be updated as outlined in the main body of the report.	Met
	Action taken as confirmed during the inspection: Review of the statement of purpose evidenced that it fully reflects Regulation 7 of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs Spence is aware that the statement of purpose should be kept up-to-date at all times	
Recommendation 2 Ref: Standard 11.1 Stated: First time	The registered person should ensure that recruitment documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, and a record of induction will be retained for each new staff member.	Met
	Action taken as confirmed during the inspection: It was confirmed that no new staff have commenced employment in the practice since the previous inspection. Mrs Spence confirmed that the practice intends to commence the recruitment process to recruit an associate dentist in the coming weeks. Discussion with Mrs Spence evidenced that she is fully aware of the recruitment documentation that must be sought and retained as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Review of documentation evidenced that a recruitment checklist has been developed. Mrs Spence confirmed that the recruitment checklist will be completed and retained for all new staff who commence work in the future.	

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person should ensure that Infection Prevention Society (IPS) 2013 edition is completed every six months in keeping with HTM 01-05.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed that the IPS Health Technical memorandum (HTM) 01-05 compliance audit is completed by the decontamination lead nurse every six months in keeping with HTM 01-05.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered person should ensure that the following issues in relation to radiology and radiation safety are addressed:</p> <ul style="list-style-type: none"> • the recommendations made in the RPA report dated 7 May 2015 should be signed and dated by the RPS to confirm they have been actioned • the local rules should be signed by all appropriate staff <hr/> <p>Action taken as confirmed during the inspection: Review of the radiation protection advisor (RPA) report dated 7 May 2015 evidenced that all recommendations have been addressed. The recommendations have been signed and dated by the radiation protection supervisor (RPS).</p> <p>Review of the radiation protection file evidenced that the local rules have been signed by all appropriate staff.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>The registered person should ensure the following issues in relation to maintaining the environment are addressed:</p> <ul style="list-style-type: none"> • arrangements should be established to ensure that routine testing of the fire detection system are implemented including testing of emergency break glass points and emergency lighting • the legionella risk assessment should be available for review; and legionella control measures as outlined in the risk assessment should be implemented including the monitoring of sentinel water temperatures 	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that the arrangements are in place for the routine testing of the fire detection system to include the emergency break glass points, emergency lighting and fire detection panel. Records are retained.</p> <p>It was confirmed that a legionella risk assessment had been completed by an external company. Review of the risk assessment evidenced that recommendations made within the risk assessment have been signed and dated to confirm they had been actioned. Legionella control measures to include the routine monitoring of water temperatures are in place and records retained.</p> <p>Mrs Spence confirmed that arrangements are in place to review the fire and legionella risk assessments at least on an annual basis.</p>	
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4.3 Inspection findings

4.3.1 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.

4.3.2 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.

4.3.3 Infection prevention and control/decontamination

The arrangements in regards to the newly established second dental surgery were reviewed. It was observed that the flooring in the surgery was impervious and covered 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 is available in the dental surgery. It was observed that a laminated poster promoting hand hygiene was on display. Mrs Spence confirmed that an external company has been scheduled to install wall mounted liquid soap, disinfectant rub/gel and disposable paper hand towel dispensers on 10 January 2017. Mrs Spence confirmed in an email received on 18 January 2017 that the dispensers had been wall mounted.

The arrangements for the management of sharps waste was discussed with Mrs Spence. Mrs Spence confirmed that an external company has been scheduled to install wall mounted

sharps containers on 10 January 2017. Mrs Spence confirmed in an email received on 18 January 2017 that the sharps containers have been wall mounted. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Mrs Spence confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be appropriately managed.

Personal protective equipment (PPE) was readily available.

A pedal operated clinical waste bin has been ordered for the new surgery in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Mrs Spence confirmed that the practice has purchased additional handpieces to meet the demands of the second dental surgery once it is operational.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.

Appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. Mrs Spence confirmed that the decontamination equipment will be sufficient to meet the demands of two operational surgeries.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05.

4.3.4 Environment

The practice is located in the first floor of the building. A passenger lift is available to access the first floor. Mrs Spence confirmed that landlord is responsible for the servicing and maintenance of the passenger. The landlord provides copies of servicing and maintenance records to the practice.

A tour of the premises was undertaken, including the newly established second dental surgery. The premises were maintained to a high standard of maintenance and décor. As discussed previously arrangements are in place to review the fire and legionella risk assessments on an annual basis.

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

There is potential for a third dental surgery. Mrs Collins and Mrs Spence are both aware that should a third dental surgery be established that an application to vary the registration of the practice must be submitted to RQIA.

4.3.5 Radiology

An intra-oral x-ray machine has been installed in the new surgery. Mrs Spence 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 of the new intra-oral x-ray machine had been undertaken by the radiation protection advisor (RPA) on 09 December 2016. Mrs Spence confirmed that two recommendations made within the RPA report have yet to be actioned. One recommendation relates to the isolation switch being relocated to the corridor outside the surgery and the second recommendation relates to the fitting of a leaded door. Mrs Spence confirmed that arrangements are in place to address these issues. Mrs Spence confirmed in an email received on 25 January 2017 that the isolation switch had been relocated and that the RPA has agreed that the patient can be seated on a chair while having x-rays taken therefore negating the need to have a leaded door fitted.

A copy of the local rules will be on display in the new surgery and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

Mrs Collins 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.

4.3.6 Recruitment of staff

As discussed Mrs Spence confirmed that no new staff have commenced employment in the practice since the previous inspection. Mrs Spence confirmed that the practice intends to commence the recruitment process to recruit an associate dentist in the coming weeks. Discussion with Mrs Spence evidenced that she is fully aware of the recruitment documentation that must be sought and retained as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Review of documentation evidenced that a recruitment checklist has been developed. Mrs Spence confirmed that the recruitment checklist will be completed and retained for all new staff who commence work in the future.

4.3.7 Conclusion

The variation to the registration in regards to the increase in dental chairs from one to two was approved, by the care inspector, following this inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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