

Announced Care Inspection Report 15 August 2019



Vita Dental Care

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

Address: 5 - 7 Castle Street, Comber, BT23 5DY

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Inspector: Norma Munn

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 two registered places.

3.0 Service details

Organisation/Registered Person: Ms Christine Thomson	Registered Manager: Ms Christine Thomson
Person in charge at the time of inspection: Ms Christine Thomson	Date manager registered: 9 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Action/enforcement taken following the most recent inspection dated 24 May 2018

The most recent inspection of Vita Dental Care was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 15 August 2019 from 09.30 to 11.05.

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 Christine Thomson, registered person, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken.

One area for improvement against the regulations has been identified in relation to ensuring that all pressure vessels are inspected in accordance with the written scheme of examination.

The findings of the inspection were provided to the practice manager 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 January 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.

The practice manager confirmed that conscious sedation is not provided in Vita Dental Care.

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered. Some issues were identified in relation to infection prevention and control as follows:

- the sharps boxes had not been signed and dated on assembly
- general waste bins in clinical areas were not in keeping with best practice

These issues were discussed with the dental nurse and practice manager during the inspection and assurances were given that these issues would be addressed.

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 by the decontamination lead nurse during May 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The practice manager confirmed that if areas of noncompliance are identified an action plan is devised and any learning identified is shared with staff.

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.

Review of the staff register identified that one staff member had commenced work since the previous inspection. Review of personnel record in relation to this staff member demonstrated that a record was retained to evidence their Hepatitis B vaccination status. This record had been generated by an occupational health (OH) department. The practice manager was aware that all clinical staff members recruited in the future should be referred to OH.

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 additional 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.

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.

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 a steam steriliser have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated. However, there was no evidence that the steriliser and DAC Universal had been inspected in accordance with a written scheme of examination of pressure vessels. This was discussed with the practice manager and an area for improvement against the regulations has been made in this regard.

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

All pressure vessels should be inspected in accordance with a written scheme of examination and records retained.

	Regulations	Standards
Areas for improvement	1	0

5.5 Radiology and radiation safety

Radiology and radiation safety

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

Ms Thomson is the radiation protection supervisor (RPS) and was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a RPA and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Ms Thomson 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 identified several recommendations some of which had not been addressed. Following the inspection RQIA received confirmation that all recommendations made by the RPA had been addressed.

There was no evidence that the intra-oral x-ray machines had been serviced and maintained in accordance with manufacturer's instructions. This was discussed with the practice manager and RQIA received confirmation that the intra-oral x-ray machines had been serviced the day after the inspection.

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

Ms Thomson conducts a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas for improvement

No additional 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. The details of the Health and Social Care Board (HSCB) were not included in the policy as another agency which may be utilised in seeking local resolution in relation to NHS patients in keeping with standard 9 of the Minimum Standards for Dental Care and Treatment (2011). This was discussed and the practice manager agreed to include this on the day of the inspection. Patients and/or their representatives were made aware of how to make a complaint by way of information on display in the practice. The practice manager confirmed that they had received training on complaints management and was knowledgeable about how to respond to complaints.

The practice manager confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. There have been no complaints recorded since the previous inspection and the practice manager 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 and audits 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 Thomson 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 staff.

5.9 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All of the 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 of the patients indicated that they were very satisfied with each of these areas of their care. One comment was included in a submitted questionnaire response as follows:

- “Best dentist ever! Friendly staff and never any pain.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three staff submitted questionnaire responses to RQIA. All three staff indicated that they felt patient care was safe, effective and that patients were treated with compassion and were either satisfied or very satisfied with each of these areas of patient care. Two of the three staff indicated that the service was well led however, one staff member indicated that they were unsatisfied in relation to the service being well led. No comments were made in the submitted questionnaire responses.

The questionnaires responses were discussed with Ms Thomson who confirmed she will discuss these with staff and request that any issues of concern are brought to her attention.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	0

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with the practice manager 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 area 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 Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2019</p>	<p>The registered person shall ensure that all pressure vessels are inspected in accordance with the written scheme of examination and records retained.</p> <p>A copy should be forwarded to RQIA on completion.</p> <p>Ref: 5.4</p>
	<p>Response by registered person detailing the actions taken: Pressure vessels have all been inspected by HSB Engineering Insurances, there were no faults or problems during the inspection and they have told me the report will be with us within 14 days. Once received i will forward the certificates.</p>

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



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