Announced Care and Variation to Registration Inspection Report
12 December 2018

Ballymena Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 38 Broughshane Street, Ballymena, BT43 6EB
Tel No: 028 2565 2144
Inspectors: Stephen O'Connor and Jo Browne

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 two registered places. During the inspection it was confirmed that a third dental surgery had been established in the room known as surgery two. Ms McVey confirmed that the newly established surgery was not operational. The arrangements in respect of the newly established surgery were reviewed during this inspection. Following the inspection a variation to registration application to increase the number of dental chairs from two to three was submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Mrs Monica Shah	**Registered Manager:** Ms Linda McVey
Person in charge at the time of inspection: Ms Linda McVey	**Date manager registered:** 1 October 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2 increasing to 3 following the inspection

Dental World 1 Limited is the registered provider for 11 dental practices registered with RQIA. Mrs Monica Shah is the responsible individual for Dental World 1 Limited.

Since the previous inspection a registered manager application was submitted to RQIA in respect of Ms Linda McVey. Following review of the registration application registration of Ms McVey was granted with effect 1 October 2018.

4.0 Action/enforcement taken following the most recent inspection dated 23 and 25 April 2018

The most recent inspection of the establishment was an unannounced follow up care 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 23 and 25 April 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 26 **Stated:** Second time	The registered person shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. Written reports of the unannounced visits should be available for inspection.	**Met**
	Action taken as confirmed during the inspection: The most recent written report detailing the findings of the unannounced quality monitoring visit dated 29 June 2018 was reviewed during the inspection. It was confirmed that since the previous unannounced visit a new template has been developed to record the findings of the unannounced visits.	
Area for Improvement 2 **Ref:** Regulation 26 (as amended) **Stated:** First time	The registered person shall ensure that an unannounced visit as outlined in the regulations is carried out and a copy of the written report is submitted to RQIA within three months	**Met**
	Action taken as confirmed during the inspection: As discussed the most recent unannounced visit was undertaken on the 29 June 2018, a copy of the report was submitted to RQIA.	
Area for Improvement 3 **Ref:** Regulation 15 (3) **Stated:** Second time	The registered person shall refurbish the decontamination room to ensure it is in keeping with best practice outlined in Health Technical Memorandum (HTM) 01-05. The issues identified in the body of the report should be addressed as part of the refurbishment and appropriate equipment should be provided to ensure good practice is adhered to during the decontamination process.	**Met**

	Action taken as confirmed during the inspection: Since the previous inspection the decontamination room has been refurbished. It was confirmed new cabinetry, worktops and a dedicated handwashing basin have been installed. The finish of the decontamination room is in keeping with the specifications outlined in Health Technical memorandum (HTM) 01-05: Decontamination in primary care dental practices.	
Area for Improvement 4 **Ref:** Regulation 25 (2) (d) **Stated:** Second time	The registered person shall ensure the door to the cleaning store is kept locked to prevent unauthorised access in keeping with Health and Safety and Control of Substances Hazardous to Health (COSHH) regulations.	**Met**
	Action taken as confirmed during the inspection: It was observed that a 'bolt lock' had been fitted to the door of the cleaning store. Ms McVey was advised that this type of lock would not prevent unauthorised access to the cleaning store. On 2 January 2019 evidence was submitted to RQIA to confirm that a 'keypad lock' had been fitted to the cleaning store door.	
Area for Improvement 5 **Ref:** Regulation 15 (1) **Stated:** Second time	The registered person shall ensure that: • justification and clinical evaluation recording x-ray audits are undertaken in respect of each dentist on an annual basis • clarification is sought from the radiation protection advisor (RPA) and/or service engineer regarding the safety of the casing of the x-ray tube in Surgery 9 and action taken as necessary. Records should be retained in respect of the advice given by the RPA or service engineer.	**Partially met**
	Action taken as confirmed during the inspection: Review of records confirmed that justification and clinical evaluation recording audits have been undertaken in respect of all dentists. Ms McVey confirmed that these audits will be undertaken on an annual basis. Review of records evidenced that the RPA confirmed on the 21 May 2018 that they tested	

	the casing of the x-ray unit in surgery known as surgery 9 during their most recent visit on 24 November 2017 and confirmed that there was no radiation leakage at that time. However, the RPA advised that the casing was still not secure and the practice should consult with an x-ray engineer in this regard. Ms McVey confirmed that they had not contacted an x-ray engineer about the casing. Following the inspection it was confirmed that an x-ray service engineer visited the practice and ordered a new casing. It was also confirmed that the x-ray machine in surgery 9 would not be used until such times as the x-ray casing had been replaced and a critical examination and acceptance test had been undertaken to confirm the machine was safe for use. This area for improvement has been partially addressed. An area for improvement against the regulations has been made in respect of the unaddressed component.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure that records pertaining to the operation of Ballymena Dental Care are retained at the practice.	**Met**
	Action taken as confirmed during the inspection: All records requested during the inspection were available for review. Ms McVey confirmed that recruitment and selection records for all staff working in the practice are now retained in a locked filing cabinet in the practice that only she can access.	
Area for Improvement 2 **Ref:** Standard 13.4 **Stated:** First time	The registered person shall ensure that the details of the daily automatic control test (ACT) are now recorded in the steriliser logbook.	**Met**
	Action taken as confirmed during the inspection: It was observed that templates are available to record the results of periodic tests for all equipment used to decontaminate reusable dental instruments. Review of records pertaining to the steam steriliser evidenced that the details of the daily automatic control test are recorded.	
Area for Improvement 3	Health Technical Memorandum (HTM) 01-05	**Met**

Ref: Standard 13 **Stated:** Second time	should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. An action plan should be devised to address deficits identified.	
	Action taken as confirmed during the inspection: Review of records evidenced that the most recent IPS audit was completed on the 5 December 2018. Ms McVey confirmed that the IPS audit would be competed every six months in keeping with HTM 01-05.	

5.0 Inspection findings

An announced inspection took place on 12 December 2018 from 09:50 to 12:30.

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).

This practice was initially registered with two registered places on 7 February 2017. As discussed, following this inspection a variation to registration application to increase the number of chairs from two to three was submitted to RQIA.

The inspection focused on the themes for the 2018/19 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application, to increase the number of dental chairs from two to three.

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

During the inspection the inspector met with Ms Linda McVey, registered manager and a dental nurse. A tour of the premises was also undertaken.

Four areas for improvement against the regulations have been made as a result of this inspection. These relate to disposing of the cardboard stored in the room known as surgery seven and developing an action plan to declutter the practice, establishing a system to ensure all equipment is serviced and maintained within manufacturer's guidelines, submitting a copy of the critical examination and testing report in respect of the x-ray machine in the surgery known as surgery nine and increasing the frequency of unannounced quality monitoring visits by the responsible individual/delegated person.

The variation to the registration application to increase the number of registered dental surgeries from two to three has been approved from a care perspective.

The findings of the inspection were provided to Ms McVey 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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that in addition to Adrenaline being retained in auto-injector format a supply of Adrenaline was also available in ampoule format. Review of medical emergency equipment evidenced that there were no suitable needles and syringes available to be able to accurately draw up Adrenaline from ampoules. This was discussed with Ms McVey who readily agreed to source the appropriate needles and syringes. On 8 January 2019 evidence was submitted to RQIA to confirm that the appropriate needles and syringes were now available in the practice. 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 2018. It was confirmed that medical emergency refresher training has been scheduled for 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 Infection prevention and control

Infection prevention and control (IPC)

The inspectors undertook a tour of the premises. It was observed that in the room known as surgery 7 on the ground floor, currently used as a store room contained a significant amount of cardboard boxes that had been broken down. This was brought to the attention of Ms McVey who was advised that storing cardboard posed a significant fire risk. It was also observed that a

number of rooms within the practice were being used to store equipment no longer in use. An area for improvement against the regulations to declutter the practice had been made.

The arrangements in relation to the newly established 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.

The clinical waste bin in the surgery was 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.

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 December 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms McVey confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits are usually carried out by the lead dental nurse. Ms McVey confirmed that the findings of the IPS audit are discussed with staff during staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

During discussion with the dental nurse it was confirmed that the dental chairs are fitted with independent bottled water systems and that the dental unit water lines (DUWLs) are disinfected on a continual basis using a commercially available biocide. It was also confirmed that the bottles are removed at the end of the day, rinsed, inverted and left to dry overnight. It was suggested that the manufacturer's instructions for the biocide used should be reviewed to establish if the bottle should be removed at the end of the day or left on the system.

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

The cardboard stored in the room known as surgery seven should be removed from the premises. An action plan should be developed to declutter the practice.

	Regulations	Standards
Areas for improvement	**1**	**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. As discussed, the decontamination room has been refurbished since the previous inspection. 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, in the main, 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. It was confirmed that the washer disinfector had not been operational since week commencing 24 September 2018 and that all reusable dental instruments were being manually cleaned prior to sterilisation. Discussion with staff evidenced that the manual cleaning protocol in place was in keeping with HTM 01-05.

Ms McVey confirmed that a service engineer has attempted to repair the washer disinfector onsite and when this was unsuccessful the washer disinfector was removed from the practice for repair. Subsequently the service engineer confirmed that the washer disinfector could not be repaired. Ms McVey confirmed that another washer disinfector had been sourced and the practice was waiting on an engineer to deliver, install and validate the newly sourced washer disinfector. Ms McVey was reminded that in keeping with HTM 01-05, that only manual cleaning of reusable dental instruments should only be implemented on a temporary basis. On 11 January 2019 the validation certificate for the recently installed washer disinfector was submitted to RQIA.

It was observed that one steam steriliser was provided to meet the practice requirements. Review of records evidenced that the steam steriliser had been appropriately validated. The steam steriliser is subject to a written scheme of examination pressure vessel inspection. Ms McVey confirmed that the most recent occasion the steam steriliser had been inspected in keeping with the written scheme of examination was during April 2017. This steriliser was due

to be inspected again on or before the 13 June 2018. Ms McVey confirmed that the written scheme of examination inspection had been scheduled for the 20 December 2018. On 2 January 2019 the written scheme of examination inspection report in respect of the steam steriliser was submitted to RQIA. Discussions were held in regards to the benefits of maintaining a master calendar to remind staff when equipment is due to be serviced/maintained/inspected. This could also be used to remind staff when relevant environmental risk assessments such as fire and legionella are due to be reviewed. An area for improvement against the regulations has been made in this regard.

As discussed, review of 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, in the main, 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

A system to ensure that all equipment is serviced maintained and inspected, when due should be established.

	Regulations	Standards
Areas for improvement	**1**	**0**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has increased from two to three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

It was confirmed that the newly installed intra-oral x-ray machine is under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

Ms McVey confirmed that the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that 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. The RPS 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 visit carried out in November 2017 in respect of two of the intra-oral x-ray machines and OPG machine, by the RPA demonstrated that most recommendations made have been addressed. As discussed, the casing of the x-ray machine in the surgery known as surgery 9 requires to be replaced and an area for improvement against the regulations has been made in this regard.

It was confirmed that a critical examination and acceptance test of the newly installed intra-oral x-ray machine had been undertaken by the RPA during August 2018. No recommendations were made in the report.

Areas of good practice

A review of radiology and radiation safety arrangements in respect of the newly installed x-ray machine evidenced that machine has been installed in keeping with best practice guidance. A range of audits, including x-ray quality grading and justification and clinical evaluation recording are being undertaken.

Areas for improvement

The intra-oral x-ray machine in surgery 9 must not be used until such times as the casing has been replaced and a critical examination and acceptance tests report confirms that the machine is safe for use. A copy of the critical examination and acceptance test report should be submitted to RQIA upon return of this quality improvement plan (QIP).

	Regulations	Standards
Areas for improvement	**1**	**0**

5.5 Governance arrangements

It was disappointing to note that issues identified during the inspection, as detailed below had not been identified by the practice or when identified had not been progressed within a timely manner:

- supply of appropriate needles and syringe to be able to accurately draw up Adrenaline from ampoules
- procedure to be followed in relation to independent bottled water systems
- manual cleaning of reusable dental instruments over a three month period
- inspection of the steam steriliser in keeping with the written scheme of examination of pressure vessels six months over due
- lack of progress in relation to repairing the casing on the x-ray machine in the surgery known as surgery 7
- lack of recognition that the lock fitted to the cleaning store did not prevent unauthorised access

RQIA recognises that following this inspection evidence was submitted to confirm that a number of the issues listed above had been actioned. However, strengthening the governance and oversight arrangements in respect of this practice will ensure that appropriate actions are taken in a timely manner to address issues when identified. This will ensure that compliance with the

relevant regulations and minimum standards is being achieved and maintained in order to ensure that care to patients is safe. Therefore, as a result of the issues identified an area for improvement against the regulations has been made to increase the frequency of the unannounced quality monitoring visits to two monthly from January 2019 for the following six months.

Areas for improvement

The registered person shall ensure that the reports completed in accordance with Regulation 26 of The independent Health Care Regulations (Northern Ireland) 2005 are forwarded to RQIA on a two monthly basis for a period of six months (from January 2019). These should include a clear focus on the actions as outlined in the quality improvement plan within this report.

	Regulations	Standards
Areas for improvement	**1**	**0**

5.5 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 McVey.

5.6 Patient and staff views

Twenty four patients submitted questionnaire responses to RQIA. All 24 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 24 patients indicated that they were either satisfied or very satisfied with each of these areas of their care. No comments were included in submitted patient questionnaires.

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**4**	**0**

5.8 Variation to registration application

The variation to the registration application to increase the number of registered dental surgeries from two to three has been approved from a care perspective.

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms McVey, registered 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 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (1) **Stated:** First time **To be completed by:** 12 December 2018	The registered person shall ensure that the intra-oral x-ray machine in surgery 9 is not used until such times as the casing has been replaced and a critical examination and acceptance tests report confirms that the machine is safe for use. A copy of the critical examination and acceptance test report should be submitted to RQIA upon return of this quality improvement plan (QIP). Ref: 4.1 and 5.4
	Response by registered person detailing the actions taken: The Critical exam is booked in with One Photon for 11am on 18th February 2019 . We shall submit the report asap. Meanwhile the machine will not be used .
Area for improvement 2 **Ref:** Regulation 25 (2) (b)	The registered person shall ensure that the cardboard stored in the room known as surgery 7 is removed. An action plan should be developed to declutter the practice.

Stated: First time **To be completed by:** 31 January 2019	Ref: 5.2
	Response by registered person detailing the actions taken: The Cardboard was all removed and is being removed weekly. The clutter the from the downstairs store room has been removed and we are now working on the top office. The deadline for havinf this done is the end of February 2019.
Area for improvement 3 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 31 January 2019	The registered person shall ensure that a system is established to ensure that all equipment is serviced/maintained and inspected in keeping with manufacturer's instructions. Ref:5.3
	Response by registered person detailing the actions taken: IAlerts put onto an outlook calender plus onto a spreadsheet
Area for improvement 4 **Ref:** Regulation 26 **Stated:** First time **To be completed by:** 31 January 2019	The registered person shall ensure that the reports completed in accordance with Regulation 26 of The independent Health Care Regulations (Northern Ireland) 2005 are forwarded to RQIA on a two monthly basis for a period of six months (from January 2019). These should include a clear focus on the actions as outlined in the quality improvement plan (QIP) within this report. Ref: 5.5
	Response by registered person detailing the actions taken: Mrs McKay carrried out one Inspection so far.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews