

# Announced Care and Variation to Registration Inspection Report 4 May 2018



## Donaghadee Dental Practice

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

**Address: 55-57 High Street, Donaghadee BT21 0AQ**

**Tel No: 028 9188 2572**

**Inspector: Stephen O'Connor**

[www.rgia.org.uk](http://www.rgia.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 practice was initially registered for two dental surgeries. A variation to registration application to increase the number of registered dental surgeries from two to three was submitted to RQIA.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Ms Ritu Dhariwal	<b>Registered Manager:</b> Position vacant
<b>Person in charge at the time of inspection:</b> Ms Lesley Vance	<b>Date manager registered:</b> As above
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two increasing to three following this inspection

## 4.0 Action/enforcement taken following the most recent inspection dated 1 September 2017

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 1 September 2017.

## 4.1 Review of areas for improvement from the last care inspection dated 1 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15  <b>Stated:</b> First time	The registered person shall review the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) to ensure that the levels of training undertaken by the staff are at the relevant level.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced that all staff have completed Level 2 safeguarding adults and children training.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time</p>	<p>The registered person shall provide Automated External Defibrillator pads for use with children.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> It was observed that two sets of paediatric pads for use with the automated external defibrillator were available in the practice.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 11.8 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the report of the six monthly unannounced monitoring visits is retained and available for inspection.</p>	<p><b>Not met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Ms Vance confirmed that unannounced quality monitoring visits were undertaken during September 2017 and March 2018. However, the reports of these visits had not been retained in the practice.</p> <p>This area for improvement has not been addressed and has been stated for the second time.</p>	

## 5.0 Inspection findings

A combined announced care and variation to registration inspection took place on 4 May 2018 from 09:50 to 12:20.

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).

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to increase the number of dental chairs from two to three.

Mr Gavin Doherty, RQIA estates inspector, also undertook a premises inspection on 3 May 2018. The report and findings of the premises inspection will be issued under separate cover. Ms Vance was informed that the variation to registration application includes approval from a premises perspective.

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

During the inspection the inspector met with Ms Lesley Vance, practice lead; an associate dentist; and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Vance 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 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 evident 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 2017, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audit was carried out by the then registered manager; it was suggested that the person completing the audit is rotated and that the findings are shared with staff and discussed at practice meetings. 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. Ms Vance confirmed that Dental World 1 has identified annual mandatory training topics to include IPC topics such as waste segregation, blood borne virus exposure, hand hygiene, and decontamination of reusable dental instruments.

### 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.

As discussed, review of the most recent IPS audit, completed during November 2017, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 and a steam steriliser, has 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.

Ms Vance confirmed that the stock of reusable dental instruments and the decontamination equipment available is sufficient to meet the demands of the third dental surgery.

#### 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. It was confirmed that a new intra-oral x-ray machine has been installed in the new surgery. Review of records confirmed that a radiation protection supervisor (RPA) completed a critical examination of the new intra-oral x-ray machine, and the critical examination and acceptance test report dated 19 December 2017 was reviewed. In addition, there is an orthopan tomogram machine (OPG), which is located in a separate room. Ms Vance confirmed that the OPG is not used.

The radiation protection supervisor (RPS) 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.

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 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.

The RPS 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 Additional areas reviewed

On 12 April 2018, Ms Jo-Ann Ferguson, registered manger, notified RQIA by email that she was resigning from her position as registered manger and advised that her last working day would be 20 April 2018. A notification of absence in respect of Ms Ferguson had not been submitted to RQIA by the responsible individual. On 17 May 2018 Ms Dhariwal submitted a notification of absence application in respect of Ms Ferguson; this application to include the proposed day to day management arrangements is currently being processed.



Ms Vance confirmed that since the previous inspection two new staff have commenced work in the practice. Review of the staff personnel files of the identified staff members evidenced that in the main the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. It was noted that one file did not include two written references. This was discussed with Ms Vance and an area for improvement against the standards has been made to address this.

### Areas for improvement

Two written references (one from the person's most recent employer) should be retained for newly recruited staff.

	Regulations	Standards
Areas for improvement	0	1

### 5.6 Conclusion

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, following this inspection.

	Regulations	Standards
Total number of areas for improvement	0	2

### 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 Lesley Vance, practice lead, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 29 June 2018</p>	<p>The registered person shall ensure that the report of the six monthly unannounced monitoring visits is retained and available for inspection.</p> <p>Ref: 4.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> This will be carried out by Pamela McKay or by Mrs Shah on an unknown date. The report will then be forwarded to the RQIA.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 May 2018</p>	<p>Two written references (one from the persons most recent employer) should be retained for newly recruited staff.</p> <p>Ref: 5.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Dentist Nathan Jun was only able to supply one references even after numerous requests both from Lesley Vance and Head office, this has been noted in his personnel folder. Nathan is no longer working in Donaghadee. Having discussed this with HR manager, in future any new staff will have to submit their reference s when submitting their ACCESSNI certificate, photographic ID and proof of address . This will prevent this situation arising again.</p>

*\*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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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