

# Announced Care Inspection Report 27 February 2019



## New Life Teeth

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

**Address: 745 Lisburn Road, Belfast, BT9 7GW**

**Tel No: 02895 217533**

**Inspector: Winifred Maguire**

[www.rqia.org.uk](http://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 places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Dental Implant Clinic Ltd T/A New Life Teeth  <b>Responsible Individual:</b> Mr Stuart Lutton	<b>Registered Manager:</b> Ms Yasmin Lutton
<b>Person in charge at the time of inspection:</b> Mrs Sarah Adams	<b>Date manager registered:</b> 21 February 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

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

The most recent inspection of the establishment was an unannounced care inspection. No areas for improvement were made during this inspection.

### 4.1 Review of areas for improvement from the last care inspection dated 24 May 2018

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

An announced inspection took place on 27 February 2019 from 10.00 to 12.15.

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 Mrs Sarah Adams, patient co-ordinator and one lead dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Sarah Adams 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 with the exception of clear face masks sizes 0 to 4 and a pocket mask. The safe administration of buccolam was discussed. Following the inspection RQIA received confirmation of the purchase of clear masks, a pocket mask and further doses of Buccolam. A 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 13 December 2018.

The practice provides an inhalation sedation service. Following the inspection RQIA received a copy a completed risk assessment for the use of inhalation sedation in the practice and it was confirmed all action arising from the risk assessment would be actioned.

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 some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was 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 on 16 January 2019, 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 audits are carried out by the lead dental nurse with the involvement of the team. Discussion with staff confirmed that any learning identified as a result of these audits is shared immediately if necessary and during team meetings

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.

It was noted there was an area of recent repair on the wall of the surgical suite where some plaster work had been replaced. This area of the wall was unpainted as a result. It was advised this work should be completed as a priority. Following the inspection, RQIA received a video of the newly painted area of the wall.

### 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 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.

The practice has a contract with Ulster Hospital central services sterile department to provide surgical packs in line with the range of dental surgical treatments provided by the practice.

#### 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 and there is a handheld intra-oral x-ray machine for use between the surgeries. In addition, the practice has a cone beam computed tomography (CBCT) machine which is located in a separate room.

A radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file was in place. It was noted the information held did not fully reflect current radiology legislation. An area of improvement was identified against the standards to ensure the radiology documentation is updated to reflect the current radiology legislation.

The appointed RPA/MPE completes a quality assurance check every three years.

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.

Advice was provided on the completion of entitlement documentation for relevant staff.

### 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

Ensure the radiology documentation is updated to reflect the current radiology legislation.

	Regulations	Standards
Areas for improvement	0	1

## 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 Mrs Adams.

The practice did not collect any equality data on patients and the service was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

## 5.6 Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All 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 patients indicated that they were very satisfied with each of these areas of their care. The following comment was included in a submitted patient questionnaire response:

- “The best dental care I have ever received.”

Five staff submitted questionnaire responses to RQIA. All staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

There were no comments included in the submitted staff questionnaires.

## 5.7 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Sarah Adams, patient co-ordinator, 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 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 May 2019</p>	<p>The registered person shall ensure that the radiology documentation is updated to reflect the current radiology legislation.</p> <p>Ref: 5.4</p> <p><b>Response by registered person detailing the actions taken:</b> I can confirm that New Life Teeth are following all the current guidelines and the radiology documentation is updated and reflects current radiology legislation.</p> <p>Ionising Radiations Regulations (Northern Ireland) 2017 [IRR(NI)17] and the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 [IR(ME)R(NI)18].</p> <p>We use a company called DD, ddgroup.com, and we have an on-line system that ensures we are using the correct legislation and are made aware of any updates or changes.</p> <p>The attached letter from DD shows that we are registered with them and the contract we have with them ensures we are compliant.</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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