Announced Care Inspection Report
6 August 2018

Castlereagh St Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 94 Castlereagh Street, Belfast, BT5 4NJ
Tel No: 028 90451989
Inspector: Stephen O'Connor

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.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Mrs Monica Shah	**Registered Manager:** Miss Jill Shiells
Person in charge at the time of inspection: Miss Jill Shiells	**Date manager registered:** 20 June 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Two

Since the previous inspection Mrs Monica Shah, submitted an application on behalf of Dental World 1 limited to become the responsible individual. Additional information in this regard can be found in section 5.8 of this report.

4.0 Action/enforcement taken following the most recent inspection dated 13 September 2017

The most recent inspection of the Castlereagh St Dental Practice was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 13 September 2017

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 or a person nominated by them should undertake unannounced visits to the practice at least on a six monthly basis and generate a report detailing the main findings of their quality monitoring visit. The report should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.	**Met**
	Action taken as confirmed during the inspection: The most recent report of the unannounced quality monitoring visit undertaken on the 15 June 2018 was reviewed. An action plan was generated to address areas for improvement identified during the visit. It was confirmed that the template used to record the outcome of the quality monitoring visit has been further developed since the previous visit.	
Area for improvement 2 **Ref:** Regulation 25 **Stated:** First time	The registered person shall redecorate and refurbish the reception area and the area used as a staff room, for storage of files and some clinical equipment. An action plan should be submitted to RQIA upon return of the QIP detailing the planned refurbishment of the reception and staff room.	**Met**

	Action taken as confirmed during the inspection: Mrs Shiells confirmed that since the previous inspection the reception/waiting area has been redecorated and new patient chairs and coffee table provided. Mrs Shiells also confirmed that an area towards the back of the practice which includes a dental laboratory, storage space and staff room is going to be reconfigured to create a new decontamination room and surgery. This work is scheduled to commence the day following the inspection. Mrs Shiells was advised that a variation to registration application should be submitted to RQIA at the earliest opportunity to increase the number of dental chairs from two to three and in regards to the reconfiguration of the floor plan.	
Area for improvement 3 **Ref:** Regulation 25 (2) (a) **Stated:** First time	The registered person shall undertake appropriate remedial actions to address the defects recorded on the report dated 21 July 2017 of the inspection and testing of the fixed electrical wiring installation. Confirmation is required from the specialist electrical contractor that the installation is in a 'satisfactory' condition. Confirmation of this should be submitted upon return of the QIP.	**Met**
	Action taken as confirmed during the inspection: Review of an electrical installation certificate dated 6 November 2017 evidenced that the defects identified in the fixed electrical wiring installation inspection report dated 21 July 2017 had been addressed.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 14.2 **Stated:** First time	The registered person shall repair or replace the covering of a chair in surgery two.	**Met**

	Action taken as confirmed during the inspection: Mrs Shiells confirmed that following the previous inspection the seat, back and head rest of the dental chair in surgery two had been reupholstered. The covering of the dental chair in surgery two was observed to be intact.	

5.0 Inspection findings

An announced inspection took place on 6 August 2018 from 09:45 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 Jill Shiells, registered manager, an associate dentist, a trainee nurse and briefly with another associate dentist, a trainee nurse and a patient co-ordinator. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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) were retained. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mrs Shiells advised that Buccolam and Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. It was observed that Glucagon was stored at room temperature and that a revised expiry date had not been recorded to reflect this. An area for improvement against the standards has been made in this regard.

A review of emergency equipment evidenced that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of portable suction. An area for improvement against the standards has been made to address this.

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 ensures that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Glucagon should be stored in keeping with manufacturer's instructions.

Portable suction should be provided in keeping with the Resuscitation Council (UK) guidance.

	Regulations	Standards
Areas for improvement	**0**	**2**

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 July 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Shiells 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 Mrs Shiells. Mrs Shiells 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.

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.

A review of the most recent IPS audit, completed during July 2018, evidenced that the audit had been completed in a meaningful manner.

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 disinfector and a steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the steam steriliser in use was a non-vacuum steriliser and that a daily steam penetration test was being undertaken in respect of the steriliser. Mrs Shiells was advised that a daily steam sterilisation test in not required for a non-vacuum steam steriliser.

Mrs Shiells confirmed that the steam steriliser in use at the time of the previous care inspection had to be decommissioned and that a different steam steriliser was now in place. Records were

not available to confirm that the steam steriliser currently in use has been inspected in keeping with the written scheme of examination. An area for improvement against the standards has been made in this regard.

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

The identified steam steriliser should be inspected in keeping with the written scheme of examination.

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

5.4 Radiology and radiation safety

Radiology and radiation safety

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

The most recent changes to the legislation surrounding radiology and radiation safety were discussed with Mrs Shiells and an associate dentist who is the radiation protection supervisor (RPS) for the practice. 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 radiation protection supervisor (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.

All dentists take 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 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Mrs Monica Shah submitted an application to RQIA to become the responsible individual of Dental World 1 Limited. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was undertaken on 18 July 2018 in the offices of RQIA. Discussion with Mrs Shah evidenced that she had a clear understanding of her role and responsibilities as a registered person under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- notification of registered persons/manager absences, change of ownership to RQIA
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under health and safety legislation
- responsibilities under the Independent Health Care Regulations (Northern Ireland) 2005
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- responsibilities under the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011)
- responsibilities under The Ionising Radiations Regulations (Northern Ireland) 2017 and The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018
- staff selection and recruitment procedures
- adherence to professional codes of conduct
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Mrs Shah with RQIA as responsible individual was granted.

5.6 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 Shiells.

5.7 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All four 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. Comments included in in submitted questionnaire responses are as follows:

- "Dentists are great, very kind and caring. Never a problem getting an appointment."
- "Staff excellent, receptionist very helpful. All great staff."

Two staff submitted questionnaire responses to RQIA. One staff member indicated that they were very satisfied or satisfied that patient care was safe and effective, that patients were treated with compassion and that the service was well led. One staff member indicated that they were unsatisfied or very unsatisfied with each of these areas of patient care. During the inspection, the inspector had the opportunity to discuss questionnaire responses with staff who submitted questionnaire responses. Both staff confirmed that they were very satisfied with each of the areas of care. It was therefore concluded that the staff member who submitted a unsatisfied/very unsatisfied response did so in error. Comments included in in submitted questionnaire responses are as follows:

- "Very close team who work very hard to maintain and improve standards."
- "I am a dentist-associate, I am happy with management of the practice; I feel to be supported and happy to work in safe and organised environment."

5.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**3**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jill Shiells, 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 03 September 2018	The registered person shall ensure that Glucagon is stored in keeping with manufacturer's instruction. If stored in a fridge, fridge temperatures should be monitored and recorded on a daily basis to ensure the cold chain has been maintained. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date checklist. Ref: 5.1
	Response by registered person detailing the actions taken: expiry date revised and amended
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 03 September 2018	The registered person shall ensure that portable suction is available for use in the event of a medical emergency as outlined in the Resuscitation Council (UK) guidelines for dental practices. Ref: 5.1
	Response by registered person detailing the actions taken: portable suction purchased
Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time **To be completed by:** 03 September 2018	The registered person shall ensure that the steam steriliser in use has been inspected in keeping with the pressure vessel written scheme of examination. The inspection report should be retained. Ref: 5.3
	Response by registered person detailing the actions taken: munich insurance have attended and carried out check

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

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