

Announced Care Inspection Report 3 September 2018



Crumlin Road Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment Address: 838 Crumlin Road, Belfast BT14 8AE Tel No: 02890714477 Inspector: Stephen O'Connor

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 four registered places.

3.0 Service details

Organisation/Registered Provider:	Registered Manager:
Dental World 1 Limited	Mrs Pamela McKay
Responsible Individual: Mrs Monica Shah	
Person in charge at the time of inspection:	Date manager registered:
Mrs Pamela McKay	7 June 2018
Categories of care:	Number of registered places:
Independent Hospital (IH) – Dental Treatment	4

Dental World 1 Limited is the registered provider for 10 dental practices registered with RQIA. Mrs Monica Shah is the responsible individual for Dental World 1 Limited.

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 5.5 of this report.

Since the previous inspection a registered manager application was submitted to RQIA in respect of Mrs Pamela McKay. Following review of the registration application registration of Mrs McKay was granted with effect 7 June 2018.

4.0 Action/enforcement taken following the most recent inspection dated 22 September 2017

The most recent inspection of the Crumlin Road Dental Surgery was an announced preregistration 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 22 September 2017

Areas for improvement from the last care inspection		
Action required to ensure Care Regulations (Northe	e compliance with The Independent Health ern Ireland) 2005	Validation of compliance
Area for improvement 1 Ref: Regulation 26	The registered person shall ensure that The registered person or a person nominated by them shall undertake unannounced visits to	•
Stated: First time	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 unannounced quality monitoring visit was undertaken on 13 August 2018 by another registered manager within the Dental World 1 Limited group. Review of documentation evidenced that an action plan was generated to address the issues identified.	

5.0 Inspection findings

An announced inspection took place on 3 September 2018 from 09:55 to 11:45.

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 Pamela McKay, registered manager, Ms Linda McVey, a registered manager within the Dental World 1 group; an associate dentist; and a dental nurse. A tour 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), 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, 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 during August 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs McKay 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 decontamination and IPC dental nurse. Mrs McKay 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.

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. 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. It was noted that a daily steam penetration test was being undertaken in respect of the steam steriliser. The steriliser on site was observed to be a non-vacuum steriliser. Mrs McKay and staff were advised that a daily steam penetration test is not required for a non-vacuum steam steriliser.

Mrs McKay confirmed that as the four dental chairs are not in operation simultaneously, one steam steriliser is sufficient to meet the needs of the practice and patients.

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

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 four 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 area of the practice. On the day of inspection the OPG was not operational; a sign had been place on the machine advising that it was not working. This had been reported to a service engineer who was scheduled to visit the practice and repair the OPG on the day after the inspection.

An associate dentist acts as the radiation protection supervisor (RPS) for the practice. Discussion with the RPS evidenced that she 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 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.

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 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 McKay.

5.7 Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All 12 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. No comments were included in submitted questionnaires responses.

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

5.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.





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