Announced Care Inspection and Variation of Registration Inspection Report
15 May 2019

Ballysillan Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 254 Ballysillan Road, Belfast, BT14 6RA
Tel No: 028 9071 4444
Inspector: Carmel McKeegan

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 2019/20 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
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- 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:** Ms Linda McVey
Person in charge at the time of inspection: Ms Linda McVey	**Date manager registered:** 06 December 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

Dental World 1 Limited is the registered provider for 11 dental practices registered with Regulation and Quality Improvement Authority (RQIA). Ms Monica Shah is the responsible individual for Dental World 1 Limited.

4.0 Action/enforcement taken following the most recent inspection dated 29 May 2018

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the specialist inspector.

4.1 Review of areas for improvement from the last care inspection dated 29 May 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	Arrangements for visits required by registered person or a person nominated in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 should be established.	**Met**

	Action taken as confirmed during the inspection: Review of records and discussion with Ms McVey confirmed that an unannounced monitoring visit in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 had been undertaken on 26 February 2019 by Mrs Monica Shah. A further unannounced monitoring visit took place on 9 May 2019 which was conducted by a nominated person on behalf of Mrs Shah. The content of monitoring visit reports is further discussed in Section 5.7 of the report.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that Adrenaline medication is provided in sufficient quantity and dosage in keeping with the British National Formulary (BNF) and as recommended by the Health and Social Care Board (HSCB).	**Met**
	Action taken as confirmed during the inspection: Review of emergency medications confirmed that Adrenaline medication is provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the HSCB.	
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that all medications should are kept in the original packaging. Patient information leaflets should be made available for staff reference.	**Met**
	Action taken as confirmed during the inspection: Review of emergency medications confirmed that all medications were retained in the original packaging and patient information leaflets were available for staff reference.	
Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall review the checking procedures in relation to emergency medicines and equipment to ensure that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained.	**Met**

	Action taken as confirmed during the inspection: Review of records confirmed that there was a robust system in place to ensure that emergency medicines and equipment are retained in keeping with best practice guidance and do not exceed their expiry date.	

5.0 Inspection findings

An announced inspection took place on 15 May 2019 from 10.00 to 11.55.

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 practice was initially registered as Glen Dental Surgery on 15 April 2013. The registration of Glen Dental Surgery was cancelled with effect from 15 February 2017. Since this date the practice continued to provide NHS dental care and treatment. Subsequently a change of ownership took place, the dental practice was renamed Ballysillan Dental Surgery and registered with RQIA on 6 December 2017 with two dental places. Since registration the practice was rebranded and is now called Ballysillan Dental Centre.

On 13 May 2019 an application for variation of the registration of the practice was submitted to RQIA by Mrs Monica Shah, responsible individual. The application was for the provision of a new decontamination room.

This inspection focused on the themes for the 2019/20 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the provision of a new decontamination room.

During the inspection the inspector met with Ms Linda McVey, registered manager, an associate dentist and a dental nurse who is also the practice lead. Mr Suken Shah, one of the directors of Dental World 1 Limited, was present for part of the inspection. The inspection was facilitated by Ms McVey. A tour of the premises was also undertaken.

A poster informing patients that an inspection was being conducted was not displayed. Ms McVey stated that the practice had not received posters or patient questionnaires. The inspector assured Ms McVey that this would be followed up with the RQIA administration team. Following the inspection a review of the inspection administration process was conducted by RQIA which confirmed that all inspection documentation had been issued to the address registered with RQIA. Ms McVey was informed of this information, it was agreed that as the documents had not been received by Ms McVey or her administration staff, it could only be assumed that there had been a postal delivery problem. RQIA subsequently provided additional patient questionnaires and a staff poster inviting staff to complete an electronic questionnaire.

Approval of the variation application to vary the registration, for the provision of a new decontamination room is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that the areas identified for improvement will be addressed within the specified timescales.

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 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 on 2 February 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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Ms McVey confirmed that conscious sedation is not provided in the practice.

5.3 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 January 2019, evidenced that the audit had been completed and had identified areas for improvement. An action plan had been generated however there was no evidence to verify that the action plan had been addressed. Mrs McVey stated that the areas identified in the previous action plan would be reviewed immediately after the inspection and appropriate action taken.

Mrs McVey was advised that the IPS audit should be reviewed as part of the six monthly monitoring visits undertaken in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. It was also identified that as a new decontamination room has been provided an updated IPS audit should be completed. These issues were discussed with Ms McVey and an area of improvement has been made against the standards to ensure that the IPS audit of HTM 01-05 is undertaken in keeping with the Department of Health (DoH) guidance and that any action plan generated is addressed in a timely manner. Records should be retained.

It was suggested that the audits be carried out by the dental nurses on a rotational basis; this process 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 ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

Ensure the IPS audit of HTM 01-05 is undertaken in keeping with DoH guidance and any action plan generated is addressed in a timely manner.

	Regulations	Standards
Areas for improvement	0	1

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. Previously Ballysillan Dental Centre did not have a decontamination room and the practice had formal arrangements to have all reusable dental instruments decontaminated in the Crumlin Road Dental Centre, which is owned and managed by Dental World 1 Limited.

At the previous inspection a decontamination room separate, from patient treatment areas and which would be dedicated to the decontamination process, had been identified. In the interim period of time the room has been fitted out and decontamination equipment has been installed.

The new decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. The room was tidy, uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings and equipment were free from damage, dust and visible dirt, the flooring was impermeable and coved at the edges.

A dedicated hand washing basin is provided and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Mrs McVey confirmed that a laminated/wipe-clean poster promoting hand hygiene had been ordered and would be displayed above the hand washing basin.

Appropriate equipment, including a washer disinfector and a steam steriliser, has been provided to meet the practice requirements. Mrs McVey confirmed that equipment used in the decontamination process has not yet been validated. An area of improvement has been made against the standards to ensure the equipment used in the decontamination process is validated and that robust arrangements are established to ensure validation is undertaken annually. A copy of the validation certificates should be provided to RQIA upon return of the QIP.

Ms McVey confirmed that staff were knowledgeable of the specific periodic tests to be undertaken in respect of the washer disinfector and the steriliser. Mrs McVey also confirmed that equipment logbooks would be provided for recording the periodic test results to ensure compliance with HTM 01-05 in this regard.

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. Mrs McVey confirmed that the dental nurses work in decontamination room in Crumlin Road Dental Centre on a regular basis to keep up to date and knowledgeable of the decontamination process.

Discussion with staff 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.

Until the variation to registration application is approved the practice will continue to have all reusable dental instruments decontaminated in the Crumlin Road Dental Centre, therefore this process was also reviewed.

Discussion with staff and review of the facilities and transport equipment provided demonstrated that robust procedures are followed to ensure the transportation of instruments, outside the dental practice, complies with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

Review of documentation demonstrated that a record is maintained of all instruments being transported into and out of Ballysillan Dental Centre. An itemised consignment record is made of all used instruments being taken from the practice, which is signed and dated on departure. This document is secured to the heavy duty large lidded container provided for storing the instruments when in transit. Upon arrival at the Crumlin Road Dental Centre this record of unprocessed instruments is checked and signed by the staff member receiving the unprocessed instruments. This recording process is repeated when the processed instruments leave Crumlin Road Dental Centre to return to Ballysillan Dental Centre. Discussion with staff confirmed that in the interest of infection control, the containers used for transporting instruments are colour coded, one for processed and one for unprocessed instruments.

The lidded container used for transporting the dental instruments is kept in a dedicated room which is only accessible by staff members.

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 previously discussed the action plan generated following the most recent IPS audit completed in January 2019 had not been addressed. As the new decontamination room is now ready for use an IPS audit should be undertaken. It was suggested that the audits be carried out by the dental nurses on a rotational basis; this process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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 ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

Ensure the equipment used in the decontamination process is validated and that robust arrangements are established to ensure validation is undertaken annually. A copy of the validation certificates should be provided to RQIA upon return of the QIP.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

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

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. Mrs McVey confirmed that the current RPS is going on a period of planned leave and a new RPS will be appointed. Mrs McVey was advised to inform the RPA of this change.

The appointed RPA completes a quality assurance check every three years. The report of the most recent visit by the RPA undertaken on 10 April 2017 was not available and could not be located and therefore RQIA was unable to establishment if recommendations made by the RPA had been addressed. A copy of the most recent RPA report should be in place in the practice and available for staff. It was agreed that a copy of the most recent RPA report would be submitted to RQIA upon return of the QIP.

Records reviewed confirmed that x-ray equipment had been serviced in August 2017, Mrs McVey stated that both x-ray machines had been serviced in January 2019 however a copy of the service report had not yet been provided by the service engineer. It was agreed that a copy of the most recent service report would be submitted to RQIA upon return of the QIP.

A dedicated radiation protection file containing relevant information was in place. However as previously discussed the most recent RPA report and up to date servicing records were not available. The RPS should regularly review the information contained within the file to ensure that it is current.

Two areas of improvement have been made against the standards to address the issues as outlined above.

Staff spoken with demonstrated knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

X-ray quality grading and justification and clinical evaluation recording audits were undertaken six monthly and annually, respectively, in keeping with good practice.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that a range of audits have been undertaken, including x-ray quality grading and justification and clinical evaluation recording.

Areas for improvement

The radiation protection advisor (RPA) report and servicing reports should be available in the practice and copies provided to RQIA.

The radiation protection supervisor (RPS) should regularly review the information contained within the dedicated radiation protection file to ensure that it is current and be able to demonstrate that any recommendations made have been addressed.

	Regulations	Standards
Areas for improvement	0	2

5.6 Complaints management

There were complaints policies and procedures in respect of private and NHS care and treatment which were in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the Patient's Guide. Staff were knowledgeable about how to respond to complaints.

Ms McVey confirmed that there have been no complaints received since registration of the practice. However, discussion with Ms McVey and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. This will include records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Ms McVey confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Unannounced monitoring visits are undertaken by the responsible individual (RI) or by a nominated person on behalf of Mrs Shah, as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Review of the reports generated as result of monitoring visits undertaken on 26 February 2019 and 8 May 2019 evidenced that an action plan had been developed to address any issues identified which include timescales and persons responsible for completing the actions. Whilst the report was fairly comprehensive, it did not include information of staff or patients spoken with or any reference to review of the last RQIA inspection report and QIP. In addition this inspection identified two areas that should have been reviewed during the monitoring visit, firstly the unaddressed IPS audit action plan dating back to May 2019 and secondly the missing documents in the dedicated radiation protection file. The monitoring visit process should be reviewed to ensure these areas are captured during future monitoring visits. An area for improvement against the standards was made that Regulation 26 visits should include this information; this will further enhance the governance arrangements.

It was confirmed that RI reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were generally in keeping with the legislation.

Areas for improvement

The report detailing the findings of Regulation 26 visits should include information in relation to staff and patients spoken with and review of the last RQIA inspection report and QIP. The monitoring visit process should be reviewed to ensure the most recent IPS audit is scrutinised and the dedicated radiation protection file is examined during future monitoring visits.

	Regulations	Standards
Areas for improvement	0	1

5.8 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 and staff.

5.9 Patient and staff views

No completed patient questionnaires were received by RQIA.

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

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	5

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 Linda 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 15 May 2019	The registered person shall ensure the Infection Prevention Society (IPS) IPS audit of HTM 01-05 is undertaken in keeping with the Department of Health (DoH) guidance and any action plan generated should be addressed in a timely manner. Records should be retained. Ref: 5.2
	Response by registered person detailing the actions taken: Additional training and support has been given and will be monitored
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 15 June 2019	The registered person shall ensure the equipment used in the decontamination process is validated and that robust arrangements are established to ensure validation is undertaken annually. A copy of the validation certificates should be provided to RQIA upon return of the QIP. Ref: 5.3
	Response by registered person detailing the actions taken: The new decon room equipment has been vaildated by William Jordan
Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 15 June 2019	The registered person shall ensure that the radiation protection advisor (RPA) report and servicing reports are available in the practice. Copies of these documents should be provided to RQIA upon return of the QIP. Ref: 5.5
	Response by registered person detailing the actions taken: Copies of the report have been received from Onephoton and put into the Radiation Protection folder

Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 15 June 2019	The registered person shall ensure that the radiation protection supervisor (RPS) regularly reviews the information contained within the dedicated radiation protection file to ensure that it is current and be able to demonstrate that any recommendations made have been addressed. Ref: 5.5
	Response by registered person detailing the actions taken: The RPS will be made the responsibility of the two dentist at the surgery
Area for improvement 5 **Ref**: Standard 11.8 **Stated:** First time **To be completed by:** 15 June 2019	The registered person shall ensure that the report detailing the findings of Regulation 26 visits include information in relation to staff and patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP). The monitoring visit process should be reviewed to ensure the most recent IPS audit is scrutinised and the dedicated radiation protection file is examined during future monitoring visits. Ref: 5.7
	Response by registered person detailing the actions taken: This will be reviewed by the compliance team

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

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