

# Announced Care Inspection Report 26 July 2018



## Northcott Dental Surgery

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 106 Ballyclare Road, Newtownabbey, BT36 5HN**  
**Tel No: 02890838899**  
**Inspector: Carmel McKeegan**

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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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Ritu Dhariwal	<b>Registered Manager:</b> Ms Linda McVey
<b>Person in charge at the time of inspection:</b> Ms Linda McVey	<b>Date manager registered:</b> 06 December 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

## 4.0 Action/enforcement taken following the most recent inspection dated 21 September 2017

The most recent inspection of the establishment was an announced pre-registration care inspection undertaken on 21 September 2017. The completed QIP was returned and approved by the care inspector and registration was approved on the 6 December 2017.

**4.1 Review of areas for improvement from the last care inspection dated 21 September 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (2) (d) <b>Stated:</b> First time	The registered person should ensure that current staff recruitment records contain all the information in accordance with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 and that these records are also provided for any new staff recruited.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that since the previous inspection one staff member had been appointed. Review of this staff member's recruitment records confirmed that all the information in accordance with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 25 (2) (d) <b>Stated:</b> First time	The registered person shall repair or replace the dental chair and wall cabinet in surgery one.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that in surgery one the dental chair had been re-upholstered and the wall cabinet had been repaired.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 25 (2) (d) <b>Stated:</b> First time	The registered person shall complete the floor edging around the walls in the OPG room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that skirting board had been fitted around the floor edging.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 25 (2) (d)	The registered person shall install new flooring in the upstairs store room.	<b>Met</b>

<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> New flooring had been installed in the identified store room on the first floor.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 26 <b>Stated:</b> First time</p>	<p>The registered person or a person nominated by them shall 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.</p> <p><b>Action taken as confirmed during the inspection:</b> It confirmed that since the previous inspection an individual has been appointed to undertake the six monthly monitoring visits on behalf of the registered person. A report of the most recent monitoring visit undertaken on 28 June 2018 was available for inspection; the report was seen to include an action plan which had been addressed. The registered manager confirmed the report had been shared with her in a timely manner.</p> <p>Further advice and guidance was provided in relation to the expected content of this monitoring report.</p> <p>RQIA has also provided advice and guidance to the compliance manager for Dental World 1 Limited in this regard.</p>	<p><b>Met</b></p>

**5.0 Inspection findings**

An announced inspection took place on 26 July 2018 from 10.00 to 12.00.

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 Ms Linda McVey, registered manager, and a receptionist. Ms McVey confirmed that due to annual leave commitments no other staff members were working on the day of the inspection. The inspection was facilitated by Ms McVey. A tour of the premises was also undertaken.

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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained with the exception of a paediatric pad for use with the automated external defibrillator (AED). Ms McVey confirmed that this item had already been ordered and on 1 August 2018 RQIA received confirmation that this item had been provided in the practice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

The emergency medications are kept in a store room on the ground floor adjacent to the dental surgeries. The store room door did not have a lock or keypad system to prevent unauthorised access. Ms McVey confirmed that a lock would be fitted to the door which would enable quick access to the emergency medications by staff members but would prevent any unauthorised person entering this room. On 1 August RQIA received confirmation that the lock had been fitted to the store room door.

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 13 January 2018. Ms McVey stated that Dental World 1 Limited will arrange an additional date for medical emergency training for all staff members within the group who have missed previous medical emergency training sessions.

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

RQIA has received confirmation that the areas for improvement identified during the inspection have been addressed.

	Regulations	Standards
Areas for improvement	0	0

## 5.2 Infection prevention and control

### Infection prevention and control (IPC)

Ms McVey confirmed that whilst two dental surgeries are registered, currently only one surgery is operational on a regular basis. Both surgeries were observed and during a tour of the premises, it was evident that the areas of the practice accessible to patients, 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 on 13 January 2018, 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 infection prevention control lead. Discussion with staff confirmed that any learning identified as a result of the audit is shared, if necessary, immediately and at monthly staff 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.

#### Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given 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 previously stated the most recent IPS 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 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. However, discussion with Ms McVey and review of the individual logbook records, demonstrated that the washer disinfector previously had a fault and had been removed from the practice for repair. The washer disinfector was returned and had been validated on 17 July 2018, however, on the day of the inspection the washer disinfector was not working. Ms McVey stated that the fault in the machine would be reported to the service engineer and reusable dental instruments would be hand washed prior to sterilisation until the washer disinfector is repaired. An area of improvement has been made against the standards to ensure the washer disinfector is repaired in a timely manner or replaced.

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 washer disinfector should be repaired in a timely manner or a replacement provided.

	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. In addition there is an orthopan tomogram machine (OPG) which is located in a separate room.



The radiation protection supervisor (RPS) was not available, Ms McVey confirmed that the RPS is 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 visits by the RPA in April 2017 in relation to the intra-oral machines and in September 2017 in relation to the OPG, demonstrated that any recommendations made have been addressed.

Ms McVey demonstrated knowledge of radiology and radiation safety in keeping with her roles and responsibilities as registered manager.

Ms Mc vey confirmed that 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. Records were available for inspection.

### 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 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.

## 5.6 Patient and staff views

No patient questionnaire responses were received in RQIA. Discussion with Ms McVey and staff confirmed that the RQIA patient questionnaires had been made available to patients.

No staff questionnaire responses were submitted to RQIA.

**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**

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b> Ref: Standard 13 Stated: First time To be completed by: 26 September 2018	The registered person shall ensure that the washer disinfectant is repaired in a timely manner or a replacement provided. Ref: 5.3 <b>Response by registered person detailing the actions taken:</b> A new Washer disinfectant has been ordered through William Jordan who looks after all our decon equipment.

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



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