

# Announced Care Inspection Report 14 October 2019



## Northcott Dental Centre

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

**Address: 106 Ballyclare Road, Newtownabbey, BT36 5HN**

**Tel No: 028 9083 8899**

**Inspector: Stephen O'Connor**

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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 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, if applicable
- 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, if applicable

## 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> Mrs Monica Shah	<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> 26 July 2018
<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 26 July 2018

The most recent inspection of Northcott Dental Centre was an announced 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 26 July 2018

<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>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The registered person shall ensure that the washer disinfectant is repaired in a timely manner or a replacement provided.  <b>Action taken as confirmed during the inspection:</b> Ms McVey confirmed that following the previous inspection a replacement washer disinfectant was installed. Staff confirmed that reusable dental instruments are processed in the washer disinfectant prior to sterilisation. Review of the machine logbook evidenced that periodic tests are undertaken in accordance with best practice guidance.

## 5.0 Inspection findings

An announced inspection took place on 14 October 2019 from 09:50 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 associate dentist and a dental nurse. 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Adrenaline was retained in two different formats, ampoule and auto-injectors. However, appropriate needles and syringes were not available to draw up and administer Adrenaline retained in ampoules. This was brought to the attention of Ms McVey who provided assurance that the appropriate needles and syringes would be made available. 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 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 and the associate dentist both confirmed that conscious sedation is not provided in Northcott Dental Centre.

### 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 July 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

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.

Ms McVey confirmed that records to evidence the Hepatitis B vaccination status of staff have been retained. Ms McVey is aware that should a clinical staff member new to dentistry be recruited in the future they should be referred to occupational health (OH). Records of Hepatitis B vaccination status produced by an OH department were reviewed.

#### 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

### 5.4 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 HTM01-05 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 two steam sterilisers 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 in the main equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control tests undertaken in respect of the steam sterilisers are not recorded in the logbooks. 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 in the main 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 details of the daily automatic control test should be recorded in the steam steriliser logbooks.

	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. Ms McVey confirmed that surgery one is not operational and therefore the intra-oral x-ray machine in this surgery is not used. In addition there is an orthopan tomogram machine (OPG), which is located in an alcove on the ground floor. Ms McVey and the associate dentist both confirmed that the OPG is not operational.

The radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that 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. The RPA produced separate reports for surgery one and surgery two. A review of the reports of the most recent visit by the RPA demonstrated that in the main recommendations made had been addressed. However, evidence to confirm that a recommendation made to change the settings of the intra-oral x-ray machine in surgery two was not available. An area for improvement against the standards has been made in this regard.

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 in the main radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

## Areas for improvement

Evidence to confirm that all recommendations in the RPA report for surgery two have been actioned must be submitted to RQIA upon return of this QIP.

	Regulations	Standards
Areas for improvement	0	1

### 5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and 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 and information on display in the practice.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. 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. Arrangements were in place to share information about complaints and compliments with staff.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

### 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

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mrs Monica Shah, responsible individual delegated the Regulation 26 unannounced visits in respect to this practice to an individual who is a registered manager for another dental practice within the Dental World 1 Limited group. It was suggested that Mrs Shah should consider alternating responsibility for these visits between herself and the nominated individual.



Reports detailing the findings of Regulation 26 unannounced quality monitoring visits were reviewed during the inspection. An action plan was developed to address any issues identified and these included timescales and the name of the person responsible for completing the action.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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.

## 5.9 Patient and staff views

One patient submitted a questionnaire response to RQIA. The patient indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care. The following comment was included in the questionnaire response:

- “Fantastic dentist and supporting team.”

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

## 5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

## 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 providers 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>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> Firsttime  <b>To be completed by:</b> 14 October 2019	The responsible individual shall ensure that the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbooks.  <b>Ref:</b> 5.3  <b>Response by registered person detailing the actions taken:</b> Spoke to the nurse in question she has been given additional training and she is now recording the temperatures accordingly.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time  <b>To be completed by:</b> 9 December 2019	The responsible individual shall submit evidence to RQIA to confirm that all recommendations made within the radiation protection advisors report in respect of surgery two have been actioned upon return of this quality improvement plan.  <b>Ref:</b> 5.5  <b>Response by registered person detailing the actions taken:</b> All points contained in the RPA report have been checked again by Henry Schein and by the RPS as per attached documents.

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



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