

# Announced Care Inspection Report 29 May 2018



## Affinity Dental Care

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

**Address: 112 Moss Road, Lambeg, Lisburn BT27 4NU**

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**Inspector: Philip Colgan**

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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 three registered places providing general dental services.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Harmony Dencare Limited  <b>Responsible Individual:</b> Ms Rachel Emerson	<b>Registered Manager:</b> Ms Rachel Emerson
<b>Person in charge at the time of inspection:</b> Ms Rachel Emerson	<b>Date manager registered:</b> 28 April 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 4.0 Action/enforcement taken following the most recent care inspection dated 17 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 May 2017.

## 4.1 Review of areas for improvement from the last care inspection dated 17 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> First time	Written induction programme templates should be further developed to include details of the specific topics to be covered during induction, relevant to the role.  Induction records should be signed by the mentor and employee.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of staff files for two new staff members evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time</p>	<p>The following should be retained in relation to any new staff recruited:</p> <ul style="list-style-type: none"> <li>• Photographic identification</li> <li>• Two written references, one of which should be from the current/most recent employer, should be obtained and retained.</li> <li>• Where gaps in employment are identified, records should be retained evidencing these have been discussed.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of staff files for two new staff members evidenced that this area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time</p>	<p>The staff register should be further developed to include details of the date of birth and the specific date of the commencement of employment for each staff member.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time</p>	<p>Ensure that all staff have contracts of employment/agreement and that copies are retained and available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of staff files evidenced that this area for improvement has been met.</p>	<b>Met</b>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p>	<p>Enhanced AccessNI information should be retained in keeping with the AccessNI code of practice. Records should include the following:</p> <ul style="list-style-type: none"> <li>• staff name</li> <li>• date the disclosure check was applied for</li> <li>• date the disclosure check was issued</li> <li>• the unique identification number</li> <li>• the outcome of the assessment of the disclosure</li> <li>• signature of the person assessing the disclosure</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of staff files for two new staff members evidenced that this area for improvement has been met.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>The safeguarding adults policy should be further developed to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015).</p> <p>The revised policy should be shared with staff.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that this area for improvement has been met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>The outer surface of the tap on a sink in surgery one and the worn enamel on the sink should be made good.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of surgery one evidenced that the sink and tap have been replaced</p>		

<b>Area for improvement 8</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	Separate logbooks should be established for each individual piece of decontamination equipment.  A daily automatic control test (ACT) should be undertaken and recorded in respect of the DAC Universal with immediate effect.  The details of the ACT for the sterilisers should include the temperature, sterilising hold time and pressure reading with immediate effect.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of documentation evidenced that this standard has been met.	

## 5.0 Inspection findings

An announced inspection took place on 29 May 2018 from 08.40 to 09.45.

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 Ms Rachel Emerson, registered person; Mrs Lesley Boyd, the practice manager; and a dental nurse. Mrs Boyd facilitated the inspection. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Emerson and Mrs Boyd 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 May 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, 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 every six months, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

It was suggested that the audits be carried out by the dental nurses on a rotational basis and staff confirmed that the findings of audits are discussed at staff meetings. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice, and provide the staff member with verifiable continuing professional development (CPD).

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.

As discussed a review of the most recent IPS audit evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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, a DAC universal 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, just prior to the inspection, 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. The validation certificates were forwarded to the inspector following the inspection.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

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

Ms Emerson and Mrs Boyd were 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.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All responses indicated that they felt their care was safe, effective, that they were treated with compassion and that they felt the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

The following comments were included in submitted questionnaire responses:

- “I am a nervous patient and I actually now enjoy attending this practice.”
- “A is our dentist for the whole family. She and the team are very kind and considerate. We are very pleased with the service we receive.”
- “Fantastic team. B at front desk is so professional and empathetic. Always had 1<sup>st</sup> class dentistry experience from C. Thorough, professional, caring. Dental nurses fantastic also. Great team of dentists in Affinity. Exceptionally happy with service.”

No staff questionnaire responses were submitted to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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