

Announced Care and Variation Inspection Report 7 February 2018



Bangor Dental Care Ltd

Type of service: Independent Hospital (IH) – Dental Treatment

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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



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Bangor Dental Care Ltd Responsible Individual Mr James Rooney	Registered Manager: Mr James Rooney
Person in charge at the time of inspection: Mr James Rooney	Date manager registered: 9 January 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 07 February 2018 from 10.00 to 12.30.

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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

Mr Rooney, registered person, was not present during the inspection; however he was present for feedback at the conclusion of the inspection. The inspection was facilitated by the practice manager and a dental nurse. It was identified that since the previous inspection a decontamination room and a staff room had been created in a former disused garage which was adjacent to the dental practice. An application of variation in relation to the work undertaken had not been submitted to RQIA. Following the inspection Mr Rooney submitted an application of variation to RQIA in relation to the conversion work that had been undertaken.

Prior to the creation of the new decontamination room, Mr Rooney had a service level agreement with the Central Services Sterilisation Department (CSSD) at the Ulster Hospital for the decontamination and sterilisation of dental instruments. It was confirmed that since August 2017 all dental instruments were being decontaminated on site in the new decontamination room. A number of issues were identified in respect to the newly created decontamination room and the processes around the decontamination of reusable dental instruments. As a result of the issues identified, the focus of the inspection changed from determining if the practice was delivering safe, effective and compassionate care and if the service was well led, to determining if the processes, including the newly created space, for the decontamination of reusable dental instruments, was safe.

Examples of good practice were evidenced in respect of recruitment and radiology.

One area for improvement was identified against the regulations to review the transportation and storage of reusable dental instruments. One area for improvement was identified against the standards to address any issues identified within the fire risk assessment.

Patients who submitted questionnaire responses to RQIA indicated that they were very satisfied with all aspects of care in this service. Comments provided included the following:

- “Very friendly staff.”
- “This is a brilliant dentist.”
- “Excellent service, detailed explanations, appointments arranged to suit.”
- “5 * treatment, care and advice.”
- “Very good dental team. Very professional and friendly. Always give me information clearly.”
- “Staff always pleasant and helpful. I appreciate their kindness.”
- “My husband was a patient at this practice and as the years passed his mobility decreased, all the staff were extremely helpful getting him in and out of the premises with no fuss and good humour! There is an entrance for wheelchairs/rollators.”
- “100%, perfect, really good practice.”
- “Yes, all staff are very polite, helpful and talk through appropriate treatments in an easy to explain manner. They are amazing and take away the fear of the dentist-almost!”

The variation to registration in respect of the new staff room and decontamination room was approved from an estates and care perspective following this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Rooney, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 17 January 2017

No further actions were required to be taken following the most recent inspection on 17 January 2017

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspectors met with the practice manager, one dental nurse and one receptionist. At the conclusion of the inspection the inspectors also met with Mr Rooney, registered person. A tour of some areas of the premises was also undertaken, this included the new staff room and decontamination room.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- maintenance arrangements

The findings of the inspection were provided to Mr Rooney, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2017

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 January 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Two dental surgeries are in operation in this practice. A review of completed patient and staff questionnaires demonstrated that there were sufficient staff in various roles to fulfil the needs of the practice and patients. However, staff spoken with during the inspection indicated that since the new decontamination room has been in operation the work load has increased resulting in staff not having sufficient time to clean and decontaminate reusable dental instruments in a timely manner. Mr Rooney has agreed to review the current staffing levels to ensure that sufficient staff are provided to meet the needs of the practice and patients.

No new staff have been recruited since the previous care inspection; however, induction programme templates were in place relevant to specific roles within the practice.

Staff confirmed that they would benefit from further training in infection prevention and control and decontamination. This is discussed further in the infection prevention control and decontamination section of the report.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with the practice manager confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were not provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored out of the fridge and the expiry date had not been revised on the packaging and the expiry date check list in accordance with the manufacturer's instruction. This was discussed with staff and addressed on the day of the inspection. The format of midazolam observed was not as recommended by the Health and Social Care (HSCB). Following the inspection RQIA received confirmation that this format of midazolam had been removed and was no longer in place. A supply of Buccolam pre-filled syringes was observed however, sufficient doses had

not been provided as recommended by the HSCB. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the HSCB. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased accordingly. A supply of Adrenaline was provided however, sufficient doses had not been provided in keeping with the BNF. Following the inspection RQIA received confirmation that the supply of Adrenaline had been increased accordingly.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric pads for use with the automated external defibrillator (AED). This was discussed with Mr Rooney and following the inspection RQIA received confirmation that these had been ordered.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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.

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.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Some of the waste bins were not in keeping with best practice. Following the inspection RQIA received confirmation that new foot operated pedals bins had been provided.

The newly established decontamination room was housed in a former disused garage which was adjacent to the dental practice. This was separate to patient treatment areas and dedicated to the decontamination process. Appropriate equipment, including a washer disinfectant and a steam steriliser, had been provided to meet the practice requirements. Staff stated that the previous steam steriliser had broken and was not in use and a temporary steriliser had been provided. It was confirmed that the temporary steriliser was on loan to the practice. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However, the periodic tests undertaken in respect of the steriliser on loan had been not been recorded in a separate log book. It was advised that a separate logbook should be established for the steriliser on loan and the relevant information and periodic tests recorded as outlined in HTM 01-05. Following the inspection RQIA received confirmation that this had been addressed. A review of documentation evidenced that equipment used in the decontamination process had been appropriately validated.

As discussed prior to the creation of the new decontamination room, Mr Rooney had a service level agreement with the CSSD department at the Ulster Hospital for the decontamination and sterilisation of dental instruments. It was confirmed that since August 2017 all dental instruments were being decontaminated on site in the new decontamination room. A number of issues were identified in respect to the newly created decontamination room and the processes around the decontamination of reusable dental instruments.

A large container of dirty reusable dental instruments was observed to be stored on the work top in the newly established decontamination room. On enquiry, staff confirmed that these instruments had been in use the previous day and staff did not have sufficient time to complete the decontamination process for these instruments. As discussed, since the new decontamination room has been in operation the work load for staff has increased, resulting in dirty instruments not being processed in a timely manner. Staff demonstrated the decontamination process ensuring that a dirty to clean process is maintained within the decontamination room. However, staff demonstrated that clean unwrapped instruments, following the decontamination process, are transported to the clinical area on open trays covered with disposable hand towels. Staff confirmed that the clean instruments are then stored in one large container on the worktop in one of the surgeries. The procedure in relation to the transportation and storage of reusable dental instruments should be reviewed in keeping with best practice guidance. An area for improvement against the regulations has been made in this regard.

Some of the trays and the disposable hand towels used to transport the clean instruments were observed to be stored on the floor in the decontamination room. This is not in keeping with best practice. Following the inspection RQIA received confirmation that the practice of storing items on the floor in the decontamination room had ceased.

Given the issues identified, it was advised that staff receive further training in the processes around the decontamination of reusable dental instruments in keeping with best practice. This was discussed with Mr Rooney and following the inspection RQIA received confirmation that training had been provided in keeping with best practice guidance. Training records should be made available for inspection.

It was also advised that the Infection Prevention Society (IPS) audit should be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

A range of policies and procedures was in place in relation to decontamination and infection prevention and control. These will be reviewed at the next inspection.

Radiography

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor. As discussed, since the previous inspection a decontamination room and a staff room had been created in a former disused garage which was adjacent to the dental practice. An application of variation in relation to the work undertaken had not been submitted to RQIA. This was discussed with Mr Rooney and following the inspection Mr Rooney submitted an application of variation to RQIA in relation to the conversion work that had been undertaken. The variation to registration in respect of the new staff room and decontamination room was approved from an estates and care perspective following this inspection.

Arrangements were in place for maintaining the environment. However, there was no evidence that the relative analgesia (RA) equipment had been serviced and maintained in keeping with manufacturer's instructions. The importance of ensuring that the RA equipment is serviced and maintained was discussed and Mr Rooney was advised not to use the RA machine until such times as it has been serviced and maintained in keeping with manufacturer's instructions. Following the inspection RQIA received confirmation that the RA machine had been removed from the practice and Mr Rooney was no longer offering this service.

A legionella risk assessment had been undertaken and staff confirmed that water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken however, this had not been reviewed following the creating of a decontamination room and a staff room. This was discussed with Mr Rooney and it was advised that a fire risk assessment should be carried out as a matter of urgency and any recommendations made should be addressed. Following the inspection RQIA received confirmation that a fire risk assessment had been completed on 19 February 2018. A copy of the new fire risk assessment was submitted to RQIA and reviewed by the senior estates inspector in RQIA. The certificate for the electrical installation for the wiring in respect of the areas was also submitted to RQIA and reviewed by the senior estates inspector. An area for improvement against the standards has been made to address any issues identified by the fire risk assessor in the time frames specified.

Staff demonstrated that they were aware of the action to take in the event of a fire; however, they were not fully aware of the action to take in the event of a fire breaking out in the new staff room and decontamination room. Staff confirmed fire training had been not been completed since December 2016. It was advised that fire training should be completed annually and this

should include the action to take in respect of the new staff room and decontamination area. Following the inspection RQIA received confirmation that fire training had taken place on 28 February 2018.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Eighteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. One patient did not indicate a response.

Five staff submitted questionnaire responses. Two staff indicated they were very satisfied with this aspect of care, two indicated they were very unsatisfied and one did not indicate a response. Comments provided included the following:

- “No concerns, great team, work well together.”
- “No concerns! I feel we are a great team that work well together!”

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction and radiology.

Areas for improvement

The storage and transportation of reusable dental instruments should be reviewed in keeping with HTM 01-05.

Review the fire risk assessment recently undertaken and any recommendations made therein should be addressed within the timeframes specified. Records should be retained for inspection.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Rooney, registered person, 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 including possible prosecution for offences. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (3) Stated: First time To be completed by: 07 March 2018	<p>The registered person shall ensure that the procedure in relation to the transportation and storage of reusable dental instruments is reviewed in keeping with best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The process of transportation and storage have now been changed. New boxes with lids have replaced the old trays and storage of instruments have been amended.</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 14.2 Stated: First time To be completed by: 07 March 2018	<p>The registered person shall ensure that the fire risk assessment recently undertaken is reviewed and any recommendations made therein are addressed within the timeframes specified. Records should be retained for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have completed the recommendations from our fire risk assessment that were to be implemented immediately. Recommendations for longer term consideration will be put into action at our next fire drill.</p>

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



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