

# Announced Care Inspection Report 23 October 2018



## Beechview Dental Practice

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

**Address: 451 Falls Road, Belfast, BT12 6DD**

**Tel No: 028 9024 3107**

**Inspector: Emily Campbell**

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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 six registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Portman Healthcare Limited  <b>Responsible Individual:</b> Mr Mark Hamburger	<b>Registered Manager:</b> Mrs Orla Fisher
<b>Person in charge at the time of inspection:</b> Mrs Orla Fisher	<b>Date manager registered:</b> 25 August 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 6

Portman Healthcare Limited is the registered organisation for nine dental practices registered with RQIA. Mr Mark Hamburger is the responsible individual for Portman Healthcare Limited.

## 4.0 Action/enforcement taken following the most recent inspection dated 15 August 2017

The most recent inspection of the Beechview Dental Practice 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 15 August 2017

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) b As amended  <b>Stated:</b> First time	The registered person shall ensure that the cone beam computed tomography machine (CBCT) is serviced and maintained in accordance with manufacturer's instructions.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that the CBCT was serviced on 13 November 2017 and it was confirmed that arrangements were in place to ensure annual servicing.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> First time</p>	<p>The registered person shall devise a formal report in relation to the temperature management of the decontamination room to include all the options considered, action taken thus far, options still under consideration; that expert advice is sought in writing and formally recorded for consideration. A copy of this report should be forwarded to RQIA. An agreement on a way forward to manage the temperature of the decontamination room should be reached with all relevant stakeholders.</p> <p><b>Action taken as confirmed during the inspection:</b> A report had been compiled and a copy of this was provided to RQIA. However, there has still been no agreement reached on a way forward to manage the temperature of the decontamination room. Ms Fisher advised that despite efforts to reduce heat in the room and to reduce the effects on staff, there are still occasions when staff have to leave the door of the decontamination room open in order to reduce the temperature. This is not in keeping with best practice as outlined in Health Technical Memorandum (HTM) 01-05.</p> <p>In light of the issues in relation to the health and safety of staff and ensuring a comfortable working temperature in the decontamination room, a referral has been made to the estates team in RQIA to follow this matter up. Further details can be seen in section 5.3 of the report.</p>	<b>Partially met</b>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the radiology entitlement documentation should be completed; which is the process to formalise that staff have been authorised by the radiation protection supervisor (RPS) for</p>	<b>Met</b>

	their relevant duties and have received training in relation to these duties.	
	<b>Action taken as confirmed during the inspection:</b> Review of the radiation protection files evidenced that this area for improvement has been addressed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time	The registered person shall ensure that recommendations made in the report of the most recent visit by the RPA are fully addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the radiation protection files evidenced that recommendations made by the RPA have been recorded as having been addressed.	

## 5.0 Inspection findings

An announced inspection took place on 23 October 2018 from 9:50 to 12:35.

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 Orla Fisher, registered manager, Ms Ali McRae, Portman Healthcare compliance facilitator, two associate dentists, and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the person in charge 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. The procedure for the safe administration of Buccolam was discussed with Ms Fisher and Ms Rae, and a copy of the recently issued HSCB Safety and Quality Reminder of Best Practice Guidance 'Prescribing, dispensing and administration of Oromucosal Midazolam' was also provided. Confirmation was received by email on 3 November 2018, that additional doses of Buccolam pre-filled syringes had been ordered to ensure that the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF were provided.

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 October 2017 and refresher training was being provided on the day following the inspection.

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 further 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 some areas 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 June 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 Ms Fisher or the head dental nurse. Ms Fisher and staff confirmed that the findings of the IPS audit are discussed with staff at staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This 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 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>

**5.3 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.

As discussed previously, there have been ongoing issues in relation to the high temperature in the decontamination room, which is staffed at all times in this busy dental practice. Staff reported that temperatures in the decontamination room remain high and the room is very uncomfortable to work in, although coming into the winter months the temperature will naturally be slightly lower. In an effort to reduce the effects on staff, all instruments being processed through the vacuum steriliser are now being bagged prior to sterilisation to try to reduce heat in the room and dental nurses are rostered to work in the decontamination room for a day at a

time as opposed to a week at a time. Ms Fisher advised that despite these efforts, there are still occasions when staff have to leave the door of the decontamination room open in order to reduce the temperature. This is not in keeping with best practice as outlined in HTM 01-05. Ms Fisher also advised that the newly appointed Head of Compliance for Portman Healthcare is reviewing this issue and has asked for daily temperatures to be recorded for a three week period, however, this timeframe does not reflect the high temperatures over summer months when the temperature peaked at 31 degrees. The current temperature records show a highest level of 25 degrees. It is important that previous temperature records are taken into account during the review by the Head of Compliance.

Despite discussion between the Portman Healthcare estates team and the DOH Sustainable Development Department, no agreement has been reached on the way ahead. In light of the ongoing issues in relation to the health and safety of staff and ensuring a comfortable working temperature in the decontamination room, a referral has been made to the estates team in RQIA to follow up on this matter.

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.

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 two washer disinfectors, an NSK iCare Plus handpiece cleaner and three 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 equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. It was noted that the new edition of the pre-printed steriliser logbooks, commenced a few weeks prior to the inspection, only facilitate entry of the sterilisation time for the automatic control test (ACT) but not the sterilisation temperature, whereas the previous version did. It was agreed that staff would also enter the sterilisation temperature.

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, with the exception of ensuring the door of the decontamination room is closed during the decontamination process. 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, however, referral has been made to the estates team to review the temperature management in the decontamination room.

	Regulations	Standards
Areas for improvement	0	0

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is a CBCT, which is located in a separate room.

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.

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 visit by the RPA demonstrated that any recommendations made have been addressed.

A critical examination and acceptance test was undertaken on 27 August 2018 of a new intra-oral x-ray ray unit which was installed in a surgery. However, there was no documentary evidence available that the RPA had reviewed this. Documentary evidence from the RPA was submitted to RQIA on 7 November 2018 confirming that the equipment test results for the surgery were satisfactory.

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

## Areas for improvement

No further 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 Fisher and staff.

### 5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. Eighteen patients indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. One patient indicated they were very unsatisfied with each of these areas of care. No comments were provided by this patient. Comments included in in submitted questionnaire responses are as follows:

- “Staff are always friendly and on top of appointments etc. Love the text reminder.”
- “Have been attending dentist for over 23 years!!! And have never had a bad experience/or any problems. Staff always very pleasant and caring.”
- “I’m very happy with the care and treatment. The dentists and staff are very efficient and more importantly, friendly.”

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

### 5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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