

Announced Care Inspection Report 06 June 2018



Blueapple Dental Care part of Bupa

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

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Tel No: 028 6638 6111

Inspector: Stephen O'Connor

www.rgia.org.uk

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.

The premises were initially registered as Blueapple Dental and Implant Team on 7 November 2013. The practice was sold to Oasis Dental Care who took ownership on 31 March 2015; registration was approved with effect from 30 July 2015. The Oasis Dental Care group was purchased by Bupa Dental Care. A registration application and fee has been submitted to RQIA on behalf of Bupa Dental Care; this application is currently being processed.

3.0 Service details

Organisation/Registered Person: Bupa Dental Care Responsible Individual: Mr Andy Relf	Registered Manager: Mrs Stephanie Gilliland
Person in charge at the time of inspection: Mrs Stephanie Gilliland	Date manager registered: 18 April 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Action/enforcement taken following the most recent inspection dated 31 May 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 31 May 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
Area for improvement 1 Ref: Regulation 15.3 Stated: First time	All compatible reusable dental instruments must be processed using an automated validated process (in a washer disinfectant) prior to sterilisation in keeping with best practice guidance. The practice of bypassing the washer disinfectant and manually cleaning reusable dental instruments prior to sterilisation must cease with immediate effect.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The lead dental nurse confirmed that the practice of bypassing the washer disinfectant and manually cleaning reusable dental instruments prior to sterilisation ceased following the previous inspection. The lead dental nurse also confirmed that all reusable dental instruments are processed using the washer disinfectant and that the decontamination equipment and dental instruments available in the practice are sufficient to meet the needs of the practice and patients.</p>	
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5.0 Inspection findings

An announced inspection took place on 6 June 2018 from 09.50 to 11.50.

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 Mrs Stephanie Gilliland, registered manager, an associate dentist and the lead dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to the Mrs Gilliland 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 November 2017.

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 during April 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by the lead dental nurse. It was suggested that the person completing the audit could be rotated and that when findings are shared with staff and discussed at practice meetings, this helps 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. Mrs Gilliland confirmed that the Bupa Dental Care group has an online training portal which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC) to include infection prevention and control topics. A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes. All staff have access to this training portal and the courses undertaken are reviewed and discussed during staff appraisals.

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, completed during April 2018 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 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 equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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

	Regulations	Standards
Areas for improvement	0	0

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. In addition the practice has a combined orthopan tomogram machine (OPG) and cone beam CT scanner, which is located in a separate room on the ground floor.

It was confirmed that an associate dentist had been appointed as the radiation protection supervisor (RPS) for the practice on the day prior to the inspection. The 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. On review of the radiology file it was noted that:

- the file contained various historic documents issued by previously appointed RPA's.
- no evidence that the practice had registered with the Health and Safety Executive Northern Ireland (HSENI) in keeping with the Ionising Radiation Regulations (Northern Ireland) 2017 (IRRNI17).
- no evidence that the recommendations made in the most recent RPA reports had been addressed.
- no evidence that staff had been entitled by the radiation protection supervisor (RPS) for their relevant duties.

These issues were discussed with Mrs Gilliland and the RPS. An area for improvement has been made against the regulations in this regard.

The appointed RPA completes a quality assurance check every three years.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Review of records evidenced that a range of audits, including x-ray quality grading and justification and clinical evaluation recording are undertaken.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the newly appointed radiation protection supervisor for the practice is knowledgeable about radiology and radiation safety.

Areas for improvement

The radiation protection supervisor (RPS) should review the information contained within the radiology file to ensure that it is current.

	Regulations	Standards
Areas for improvement	1	0

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 19 patients indicated that they felt their care was safe and 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.

Comments included in in submitted questionnaire responses are as follows:

- “Always pleasant and XXXX at reception is a pleasure to deal with.”
- “I am a new patient here so far everything is good.”
- “I was initially apprehensive about dental care and treatments but my visits have been excellent and I feel much better about the whole experience.”
- “I always feel confident and very happy with the excellent care I receive at Blue apple.”

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

Comments included in in submitted questionnaire responses are as follows:

- “I am very proud to be part of the team at Blueapple and thoroughly enjoy my role and particularly in the excellent standard of working environment provided, training and support offered. It maximises any benefits to both our staff and our patients in many ways, as we conduct ourselves according to the BUPA code and adhere to best practice guidelines.”
- “I feel the team here work extremely hard at providing the best possible care for our patients and are always putting the patients at the heart of everything they do.”
- “It is a pleasure to manage them and I am proud of each individual and the different qualities they each bring to the team.”

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Stephanie Gilliland, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2018</p>	<p>The registered person shall ensure that the radiation protection supervisor (RPS) reviews the information contained within the radiology file to ensure that it includes:</p> <ul style="list-style-type: none"> • current up-to-date information. Historic information should be archived. • a copy of the Health and Safety Executive Northern Ireland (HSENI) registration certificate in keeping with the Ionising Radiation Regulations (Northern Ireland) 2017 (IRRNI17). • evidence that recommendations made within the appointed radiation protection advisor (RPA) reports have been actioned. • evidence that staff have been entitled by the RPS for their relevant duties. <p>Ref: 5.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. All historic information has now been archived. 2. A copy of the HSENI registration certificate in keeping with the ionising radiation regulations (NI) 2017 (IRRNI17) is now present in the radiography file. 3. current recommendations made have been discussed with the team and a record has been made that this has been discussed. this will continue moving forward with any further recommendations. 4. the RPS has documented for each staff member their entitlements relevant to their duties.

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



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