

Announced Variation to Registration Care Inspection Report 27 September 2017



Boyd Logue Associates, Coleraine

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 4-6 Lodge Road, Coleraine, BT52 1NB
Tel No: 028 7034 4411
Inspector: Stephen O'Connor

www.rqia.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 provider 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 seven registered places.

3.0 Service details

Organisation/Registered Provider: Amaris (North Coast) Ltd Registered Person: Mr Christopher Bloomer	Registered Manager: Mrs Lisa Mairs
Person in charge at the time of inspection: Mr Christopher Bloomer	Date manager registered: 11 May 2017
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 7 increasing to 8 effective from 13 October 2017

4.0 Inspection summary

An announced variation to registration inspection of Boyd Logue Associates, Coleraine took place on 27 September 2017 from 10:00 to 11:15.

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).

An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr Christopher Bloomer, registered person. The application was to increase the number of registered dental chairs from seven to eight.

The inspection sought to assess progress with any issues raised since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

There were examples of good practice found in relation to infection prevention and control and decontamination, maintenance of the environment, radiology and staff recruitment.

The application of variation to increase in the number of registered dental chairs from seven to eight, was approved by the care and estates inspectors on 13 October 2017.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Bloomer, registered person and Mrs Lisa Mairs, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 10 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 May 2017.

5.0 How we inspect

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

- review of the submitted variation to registration application
- the returned QIP from the previous care inspection
- the previous care inspection report
- evaluation and feedback

During the inspection the inspector met with Mr Christopher Bloomer, registered person, Mrs Lisa Mairs, registered manager and a trainee dental nurse. A tour of the new surgery was also undertaken.

Records were examined during the inspection in relation to the following areas:

- statement of purpose
- patient guide
- infection prevention and control and decontamination
- radiography
- review of the newly established eight surgery
- recruitment and selection

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 10 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 19 (2) (d) Schedule 2, as amended Stated: First time	The registered person must ensure that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff, including self-employed staff, recruited in the future.	Met
	Action taken as confirmed during the inspection: It was confirmed that two staff have commenced employment in the practice since the previous inspection. Review of the identified staff personnel files evidenced that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.	

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) (d) Schedule 2, as amended</p> <p>Stated: First time</p>	<p>The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that AccessNI enhanced disclosure certificates had been sought and reviewed prior to commencement of employment for the two staff recruited since the previous inspection. It was confirmed that AccessNI enhanced disclosure checks have been handled in keeping with the AccessNI Code of Practice.</p>		
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>Records of induction should be retained for any new staff recruited.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that a record of induction had been completed and retained for the two staff recruited since the previous inspection. It was confirmed that role specific induction templates have been developed.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that following the previous inspection a DAC Universal has been installed and this will be used exclusively for the processing of dental handpieces.</p>		

6.3 Inspection findings

Statement of Purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

Infection prevention and control/decontamination

The arrangements in relation to the newly established dental surgery were reviewed. The flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in the new surgery. A laminated/wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

It was confirmed that sharps boxes will be safely positioned to prevent unauthorised access and used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bin in the surgery was in keeping with best practice guidance.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgery.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including two washer disinfectors, a DAC Universal and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during April 2017. 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.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during March 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Environment

A tour of the newly established dental surgery was undertaken. The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Mr Bloomer confirmed that the legionella and fire risk assessments had not been updated to include the new dental surgery. Mr Bloomer agreed to update these risk assessments and submit them to RQIA for review by an estates inspector. The updated legionella and fire risk assessments were submitted to RQIA on 11 and 12 October 2017 and these were reviewed by Mr Phil Cunningham, senior estates inspector. Mr Bloomer confirmed in an email received on 13 October 2017 that the recommendations made within the risk assessments would be actioned within the timescales set by the assessors.

Mr Bloomer confirmed that he had not received certification for the electrical installations completed for the new surgery. However, Mr Bloomer agreed to submit this certification to RQIA. The electrical installation certificate was submitted to RQIA on 12 October 2017 and reviewed by the estates inspector.

The pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels during February 2017.

It was confirmed during the announced inspection on 10 May 2017 that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Radiology

An intra-oral x-ray machine had been installed in the new surgery on 19 September 2017 however; the practice had not received any documentation from the engineer. On 11 October 2017 the radiation protection advisors (RPA) critical examination and acceptance test report was submitted to RQIA. Review of this report evidenced that no recommendations had been made within the report.

The RPA completes a quality assurance check every three years. Mr Bloomer confirmed that the appointed RPA visited the practice on 1 September 2017 to undertake the quality assurance check.

It was confirmed that the newly installed intra-oral x-ray machine is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

The practice were awaiting a copy of the local rules for the newly installed intra-oral x-ray machine. On 12 October 2017 Mr Bloomer confirmed that the local rules had been received, that these were on display and appropriate staff had signed to confirm that they had read and understood them.

Mr Bloomer confirmed that all measures are taken to optimise dose exposure. This includes audits of x-ray quality and direct digital x-ray processing.

Mr Bloomer is the radiation protection supervisor (RPS) for the practice. Mr Bloomer confirmed that all x-rays are graded for quality and audits of x-ray quality and justification and clinical evaluation recording are completed in keeping with legislative and best practice guidance.

Recruitment of staff

It was confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for the identified staff evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

Areas of good practice

There were examples of good practice found in relation to infection prevention and control and decontamination, maintenance of the environment, radiology and staff recruitment.

Areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

The variation to registration to increase the number of registered dental chairs from seven to eight was approved from an estates and care perspective following this inspection. A new certificate of registration will be issued.

7.0 Quality improvement plan

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



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