Announced Care Inspection Report
28 March 2019

Cavehill Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 165 Cavehill Road, Belfast, BT15 5BP
Tel No: 028 9037 0206
Inspector: Carmel McKeegan

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 seven registered places. Prior to this inspection RQIA had been informed by Mr Martin MacAllister, registered person, that the practice was in the process of being sold to Portman Healthcare Ltd. Ms Alison Rae, clinical manager and compliance manager of Portman Healthcare Ltd, was present at the inspection. Mr Martin MacAllister, registered person, had authorised Ms Rae to assist with facilitating this inspection.

3.0 Service details

Organisation/Registered Provider: Mr Martin MacAllister	**Registered Manager:** Mr Martin MacAllister
Person in charge at the time of inspection: Mr Martin MacAllister	**Date manager registered:** 18 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 7

4.0 Action/enforcement taken following the most recent inspection dated 27 November 2017

The most recent inspection of the establishment 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 27 November 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**
Area for improvement 1 **Ref**: Standard 11.3 **Stated:** First time	The registered person shall ensure that individualised induction programmes are documented in respect of any new staff recruited.	**Met**
	Action taken as confirmed during the inspection: Mr MacAllister confirmed that no new staff have been appointed since the previous inspection. A formal record of induction was available for new staff members which Mr MacAllister confirmed would be completed in the event of a new staff member commencing	

	work.	
Area for improvement 2 **Ref**: Standard 11.4 **Stated:** Second time	A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training should be retained.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that a personal folder is provided for each staff member in which the staff member retains evidence of all training undertaken; these records are overseen by the practice manager to ensure the CPD requirements are met for all clinical staff.	
Area for improvement 3 **Ref**: Standard 11.2 **Stated:** First time	The registered person shall implement a formal system to monitor the GDC registration status of clinical staff and professional indemnity of those staff requiring individual indemnity.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that a formal system has been implemented to monitor the GDC registration status and professional indemnity cover of all clinical staff, as applicable. A random sample of staff records were reviewed which verified that these records were in place and were up to date.	
Area for improvement 4 **Ref**: Standard 11.2 **Stated:** First time	The registered person shall ensure that two written references, one of which should be from the current/most recent employer, and an employment history is sought and retained in respect of any new staff recruited, including self-employed staff.	**Met**
	Action taken as confirmed during the inspection: As previously stated, no new staff members have been appointed since the previous inspection. It was confirmed that the	

	recruitment checklist now includes the requirement for two written references to be in place prior to commencement of employment of any new staff member.	
Area for improvement 4 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure that a staff register is established. The staff register should include the following details: • name • date of birth • position in the establishment • details of professional qualifications and registration with the GDC, if applicable • date of commencement of employment • date of leaving employment	**Met**
	Action taken as confirmed during the inspection: A staff register was in place and contained the information as outlined above.	
Area for improvement 5 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that the safeguarding lead, undertakes formal training at Level 2 in respect of adults and children in keeping with regional guidance.	**Met**
	Action taken as confirmed during the inspection: There was documentary evidence to verify that the practice manager will undertake formal level 2 training in respect of adults and children on 11 May 2019.	
Area for improvement 6 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall further develop the safeguarding children and adults at risk of harm policy to reflect the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).	**Met**
	Action taken as confirmed during the inspection: It was confirmed that the safeguarding children and adults at risk of harm policy had been further developed and referenced the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).	

Area for improvement 7 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall replace the automated external defibrillator (AED) pads for use with an adult.	**Met**
	Action taken as confirmed during the inspection: Review of the emergency equipment confirmed that the AED was fitted with pads which were in date.	
Area for improvement 8 **Ref**: Standard 13.2 **Stated:** Second time	The following issue in relation to infection prevention and control should be addressed in keeping with best practice guidance: • Overflows in the stainless steel hand-washing basins should be sealed using a stainless steel plate and anti-bacterial mastic.	**Met**
	Action taken as confirmed during the inspection: It was observed that in one dental surgery the hand washing basin had been replaced with a new basin which did not have an overflow. Mr MacAllister stated that he intends to replace the identified hand washing basins rather than seal the overflows with a stainless steel plate. On 2 April 2019, Mr MacAllister confirmed by telephone and email that he had ordered new handwashing basins, compliant with HTM -1-05, and he will make arrangements to have the new handwashing basins installed.	
Area for improvement 9 **Ref**: Standard 13.2 **Stated:** Second time	A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that the most recent IPS audit had been completed on 18 March 2019.	

Area for improvement 10 **Ref**: Standard 8.3 **Stated:** First time	The registered person shall ensure that six monthly x-ray quality grading audits and annual x-ray justification and clinical evaluation recording audits are carried out and recorded.	**Met**
	Action taken as confirmed during the inspection: Review of x-ray records confirmed that x-ray quality grading audits and annual x-ray justification and clinical evaluation recording audits had been undertaken on 18 March 2019. Reassurances were provided that x-ray quality grading audits will be undertaken six monthly and x-ray justification and clinical evaluation recording audits undertaken annually.	
Area for improvement 11 **Ref**: Standard 8.5 **Stated:** First time	The registered person shall develop a written security policy to reduce the risk of prescription theft and misuse.	**Met**
	Action taken as confirmed during the inspection: A security policy to reduce the risk of prescription theft and misuse was in place.	
Area for improvement 12 **Ref**: Standard 11.6 **Stated:** First time	The registered person shall ensure that minutes of staff meetings are retained.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that one staff meeting has taken place since the previous inspection and minutes of that staff meeting were retained. It was suggested that staff meetings should occur more frequently with advance notification provided to all staff members	

5.0 Inspection findings

An announced inspection took place on 28 March 2019 from 10.00 to 13.20.

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 Mr Martin MacAllister, registered person, an associate dentist and a dental nurse. Mr MacAllister and Ms Rae facilitated the inspection. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr MacAllister and Ms Rae 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 were, in general, in keeping with the British National Formulary (BNF). A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. It was identified that additional doses and quantity of Buccolam pre-filled syringes should be provided. An area of improvement was made against the standards in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 on 23 November 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.

Inhalation sedation also known as relative anaesthesia (RA) is available as required for patients in accordance with their assessed need. RA is provided in six surgeries however it was confirmed that the RA units had not been serviced within the last calendar year. An area of improvement has been made against the regulations for arrangements to be established to ensure that the RA equipment is serviced annually or as otherwise directed within the manufacturer's instructions of the equipment in use.

Guidance in the use of nitrous oxide was available; however, a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001issued on 06 September 2017 has not been completed. An area for improvement was made against the regulations to urgently review the provision of RA in the practice.

Mr MacAllister confirmed that the practice also provides intravenous (IV) sedation to patients in accordance with their assessed need. IV sedation is only administered by Mr MacAllister and one associate dentist. Mr MacAllister confirmed that he and the associate dentist had received training in keeping with Conscious Sedation in The Provision of Dental Care (2003). It was unclear if all the nurses involved in the administration of IV conscious sedation had completed any training and training requirements were discussed. It was advised that all members of the dental team providing treatment under conscious sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking practice in keeping with Conscious Sedation in The Provision of Dental Care (2003). An area for improvement against the regulations has been made.

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

Ensure that arrangements are established for the RA equipment to be serviced annually or as otherwise directed within the manufacturer's instructions of the equipment in use.

A nitrous oxide risk assessment should be completed in keeping with best practice guidance.

Buccolam pre-filled syringes should be available in the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF.

All members of the dental nursing team providing treatment under conscious sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with IV Conscious Sedation in The Provision of Dental Care (2003).

	Regulations	Standards
Areas for improvement	1	3

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, was clean, tidy and uncluttered. It was noted that one surgery was being used as a storeroom. Mr MacAllister confirmed that this surgery was not currently in use.

As previously discussed, it was observed that in one dental surgery the hand washing basin had been replaced with a new basin compliant with HTM 01-05 guidance. Mr MacAllister stated that he would prefer to replace the identified hand washing basins rather than sealing the overflow with a stainless steel plate. On 2 April 2019, Mr MacAllister confirmed by telephone and email that he had ordered new handwashing basins, compliant with HTM -1-05, and he will make arrangements to have the new handwashing basins installed.

Ms Rae confirmed that the cleaning schedules had been further developed and incorporated the use of colour coded cleaning equipment in accordance with the National Patient Safety Agency (NPSA) cleanliness guidelines. Ms Rae also stated that new colour coded cleaning equipment compliant with the NPSA cleanliness guidelines had been ordered.

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.

The most recent IPS audit, had being undertaken by Ms Rae on 18 March 2019, review of this audit 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. Ms Rae provided a copy of an action plan which had been developed to address the identified areas requiring improvement.

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.

It was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that ‘safer sharps are used so far as is reasonably practicable;’. Mr MacAllister confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for each dentist who do not use safer sharps. An area for improvement was made against the standards in this regard. It was advised that the use of safer sharps should be considered.

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

A risk assessment should be undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. The use of safer sharps should be considered.

	Regulations	Standards
Areas for improvement	0	1

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 previously discussed review of the most recent IPS audit, completed during March 2019 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.

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 and two steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had last been validated on 8 January 2018; Ms Rae provided documentary evidence that validation of equipment used in the decontamination process will take place on 15 and 16 April 2019. On 30 April 2019 Ms Rae confirmed by telephone that the equipment had been validated as planned. It was advised that systems should be established to ensure decontamination equipment is validated in a timely manner in the future.

Review of the dedicated 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has seven surgeries, six of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr MacAllister as 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 on 7 November 2017 indicated that two recommendations had been made. There was information to indicate that one recommendation had been addressed however the other recommendation related the servicing of all x-ray equipment. It was established that the x-ray equipment had last been serviced on 30 September 2017. Ms Rae provided documentary evidence that servicing of all x-ray equipment will take place on 15 and 16 April 2019. On 30 April 2019 Ms Rae confirmed by telephone that the x-ray equipment had been serviced as planned.

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

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
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 Rae.

5.6 Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All 12 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All 12 patients also indicated that they were very satisfied with each of these areas of their care.

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	1	4

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Martin MacAllister, registered person and Ms Alison Rae 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Regulation 15 (2) **Stated:** First time **To be completed by:** 30 May 2019	The registered person shall ensure that arrangements are established for the relative anaesthesia (RA) equipment to be serviced annually or as otherwise directed within the manufacturer's instructions for the equipment in use. Confirmation should be provided to RQIA upon return of the QIP that RA equipment has been serviced. Ref: 5.1
	Response by registered person detailing the actions taken: This has been arranged by BF Mulhlland/RA Medical, with two machines at a time going. MMA
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 30 May 2019	The registered person shall ensure that Buccolam pre-filled syringes are available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF). Ref: 5.1
	Response by registered person detailing the actions taken: Done
Area for improvement 2 **Ref**: Standard 11.3 **Stated:** First time **To be completed by:** 30 May 2019	The registered person shall ensure that all members of the dental nursing team involved in the provision of treatment under conscious sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with IV Conscious Sedation in The Provision of Dental Care (2003). Ref: 5.1
	Response by registered person detailing the actions taken: All members have been trained theoretically, practically and clinically.

Area for improvement 3 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 30 May 2019	The registered person shall ensure that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001issued on 6 September 2017 has been completed. Ref: 5.2
	Response by registered person detailing the actions taken: Completed
Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 30 May 2019	The registered person shall ensure that risk assessments are undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. The use of safer sharps should be considered in accordance with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. Ref: 5.2
	Response by registered person detailing the actions taken: Completed

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

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