Announced Care Inspection Report
22 June 2018

Cavity Corner Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address:236 Antrim Road, Belfast, BT15 2AN
Tel no: 028 9074 9679
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 five registered places.

3.0 Service details

Organisation/Registered Provider: Cavity Corner Ltd **Registered person:** Mr Brian McMaster	**Registered Manager:** Mr Brian McMaster
Person in charge at the time of inspection: Mr Brian McMaster	**Date manager registered:** 25 February 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Five

4.0 Action/enforcement taken following the most recent inspection dated 02 May 2017

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 02 May 2017

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

5.0 Inspection findings

An announced inspection took place on 22 June 2018 from 10.15 to 12.45.

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 Brian McMaster, registered person, the practice manager and a trainee dental nurse. A tour of some of the premises was also undertaken.

The findings of the inspection were provided to Mr McMaster 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, in the main, emergency medicines were retained 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 and Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. An area for improvement against the standards has been made in relation to the provision of Buccolam and Adrenaline.

Emergency equipment was retained as recommended by the Resuscitation Council (UK) guidelines, with the exception of self-inflating bags with a reservoir suitable for use with an adult and a child. Mr McMaster and staff confirmed these items had been provided but could not be located. It was also noted that the oropharyngeal airways had exceeded their expiry dates. The self-inflating bags with a reservoir suitable for use with an adult and a child and oropharyngeal airways were ordered during the inspection.

Mr McMaster and staff confirmed that an AED was available at a local supermarket situated within close proximity to the practice. A discussion took place in relation to how the practice should ensure there is timely access to the AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines. It was identified that location of the AED had not been incorporated into the practice's medical emergency protocols. Mr McMaster agreed to update the management of medical emergency protocols in this regard. Mr McMaster stated that it is his intention to purchase an AED for the practice.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. It was advised that the checking list should be reviewed to ensure all emergency equipment is also included and checked.

Inhalation sedation is available as required for patients in accordance with their assessed need. Review of records confirmed that relative anaesthetic (RA) equipment is serviced annually. 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-2017-001 issued on 06 September 2017 has not been completed. An area for improvement against the standards was made in this regard.

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 June 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.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed in general 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

Buccolam pre-filled syringes and Adrenaline should be provided in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF.

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

	Regulations	Standards
Areas for improvement	0	2

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of some of the areas of the premises, it was evident that the practice, including the clinical and decontamination areas, were clean, tidy and uncluttered. One dental chair was noted to have a tear in the upholstery. Mr McMaster stated that this had already been identified and arrangements have been made for the chair covering to be repaired within the next two weeks.

Mr McMaster confirmed that 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.

Mr McMaster stated that the IPS audit had been completed on a six monthly basis, however the most recent copy could not be located. Further reference to the IPS audit is made in section 5.3 of the report.

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
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, however it was observed that there was limited work surface space available for the setting down and inspection of instruments, following processing in the washer disinfector. It was also observed that the instruments are inspected using a hand held magnifying glass. HTM 01-05 recommends that an illuminated magnifier is used as it makes it much easier to see residual contamination, debris or damage to the dental instruments. An area of improvement against the standards has been made to ensure that an illuminated magnifier is provided in the decontamination room and correctly positioned to ensure the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments is maintained.

It was also observed that in the decontamination room the ventilation filters were notably dusty and that disposable aprons were stored in a cupboard in the designated clean area of the room. An area of improvement against the standards has been made to ensure the ventilation filters are regularly cleaned and that disposable aprons are available with the other personal protective equipment at the hand washing facilities. Consideration should be given to providing a wall mounted disposable apron dispenser.

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.

Appropriate equipment, including a washer disinfector and three steam sterilisers, has been provided to meet the practice requirements. It was confirmed that one of the sterilisers was not in use and has been decommissioned; this steriliser should be removed as this would provide much needed work surface area. It was also confirmed that one steriliser had a fault and had been reported to the service engineer for repair.

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, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Observation of a random sample of handpieces identified that some handpieces were compatible with processing in a washer disinfector. Processing of handpieces was discussed with Mr McMaster who was advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DOH. It is noted that this issue had been discussed with Mr McMaster during previous inspections. An area of improvement against the regulations has been made to ensure that handpieces compatible with processing in a washer disinfector are processed in this manner.

The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. It was confirmed that templates were used to record the results of periodic tests in respect of equipment used during the decontamination process. A review of the templates demonstrated that all information as outlined in HTM 01-05, regarding periodic testing, was recorded for the sterilisers. However it was identified that the weekly protein test and the monthly soil test for the washer disinfector had not been recorded. The inspector was informed that the weekly protein test had been completed but had not been recorded due to time constraints. Staff advised that the equipment needed to undertake the monthly soil test had not been available until recently. An area of improvement against the standards was made to ensure that all required periodic tests are undertaken and recorded in keeping with (HTM) 01-05 for all equipment used in the decontamination process.

The inspector requested to review the previous periodic test records for each of the machines. It was observed that all of the weekly record sheets pertaining to each machine were stored in boxes in a separate store room. Records for specific machines were not stored separately, nor was there a system in place to enable easy access to specific records for a specific machine. An area of improvement against the standards has been made to establish a dedicated individual logbook for each of the machines used in the decontamination process and record the details of periodic tests in the associated logbook. Consideration should be given to the implementation of a pre-printed logbook for each machine.

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.

As previously stated the IPS audit was not available for review. Given the issues identified during this inspection it was advised that the IPS audit should be revisited to ensure that the decontamination process of reusable dental instruments is in line with best practice outlined in HTM 01-05. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Any learning identified as a result of the audits should be shared with staff. An area for improvement against the standards has been made in this regard.

It was suggested that the audits be carried out by the dental nurses on a rotational basis. This process will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice and provide the staff members with verifiable Continuing Professional Development (CPD). Staff confirmed that the findings of audits are discussed at staff meetings.

Areas of good practice

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available.

Areas for improvement

An illuminated magnifier should be provided in the decontamination room and correctly positioned to ensure the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments is maintained.

Ventilation filters in the decontamination room should be regularly cleaned and documented in the record of cleaning and disposable aprons should be available with the other personal protective equipment at the hand washing facilities. Consideration should be given to providing a wall mounted disposable apron dispenser.

Ensure that handpieces compatible with processing in a washer disinfector are processed in this manner.

All required periodic tests as outlined in HTM 01-05 should be undertaken and recorded for all equipment used in the decontamination process.

A dedicated individual logbook for each of the machines used in the decontamination process should be established and periodic test records retained in the associated logbook. Consideration should be given to the implementation of a pre-printed logbook for each machine.

The IPS audit tool should be revisited to ensure that the decontamination process of reusable dental instruments is in line with best practice outlined in HTM 01-05. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

	Regulations	Standards
Areas for improvement	1	5

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has five surgeries, four 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 McMaster confirmed that the OPG has been decommissioned and is not in use.

Mr McMaster is the radiation protection supervisor (RPS) for the practice, and was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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. Mr McMaster regularly reviews the information contained within the file to ensure that it is current. It was noted that the radiation protection file had not been signed by a new staff member; Mr McMaster confirmed that would addressed later that day.

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 22 July 2016 demonstrated that any recommendations made have been addressed.

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.

Mr McMaster confirmed that he has retired from clinical practice and will appoint a new RPS, and the RPA will be informed of any changes made within the practice.

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 the practice manager.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 19 indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care. Comments included in in submitted questionnaire responses are as follows:

- "Very happy with the service over the last twenty years."
- "Very friendly staff, made very welcome."
- "Great, really happy with staff and care."
- "I am very pleased with the care I get."
- "They are extremely professional and helpful."

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	7

5.7 Additional areas examined

Governance arrangements

Mr McMaster confirmed that he has retired from clinical practice, however continues to have full responsibility for the day to day management of the practice and visits the practice two or three times weekly. In addition a practice manager is in place and keeps Mr McMaster informed of any developments on the days he is not in the practice.

A registration issue was identified which is being addressed under separate cover.

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 McMaster, 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. 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 15 (5)

Stated: First time

To be completed by:
22 June 2018</td><td>The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.

Ref: 5.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Compatible handpieces are now processed in the washer disinfector</td></tr>
</table>

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:** 22 July 2018	The registered person shall ensure that Buccolam pre-filled syringes and Adrenaline are provided in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the British National Formula. Ref: 5.1
	Response by registered person detailing the actions taken: Buccolam pre-filled syringes and Adrenaline in various doses are now part of the emergency drugs kit
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 22 July 2018	The registered person shall ensure that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 06 September 2017 is completed. Any areas of improvement identified in the risk assessment should be addressed and records retained.
	Response by registered person detailing the actions taken: A risk assessment has been carried out and there are no areas of improvement
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 July 2018	The registered person shall ensure that an illuminated magnifier is provided in the decontamination room and correctly positioned to ensure the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments is maintained. Ref: 5.3
	Response by registered person detailing the actions taken: An illuminated magnifier is available and correctly positioned
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 July 2018	The registered person shall ensure that the ventilation filters in the decontamination room are regularly cleaned and documented in the record of cleaning. Disposable aprons should be available with the other personal protective equipment at the hand washing facilities in the decontamination room. Consideration should be given to providing a wall mounted disposable apron dispenser. Ref: 5.3
	Response by registered person detailing the actions taken: Extactor fans have been dusted and recorded as such. A dispensorhas been wall mounted

Area for improvement 5 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 June 2018	The registered person shall ensure that all periodic tests as outlined in HTM 01-05 are undertaken and recorded for each piece of equipment used in the decontamination process. Ref: 5.3
	Response by registered person detailing the actions taken: All periodic tests are undertaken and recorded for each piece of equipment
Area for improvement 6 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 July 2018	The registered person shall ensure that a dedicated individual logbook for each of the machines used in the decontamination process is established and periodic test records retained in the associated logbook. Consideration should be given to the implementation of a pre-printed logbook for each machine. Ref: 5.3
	Response by registered person detailing the actions taken: Indiviual logbooks for each machine are in place
Area for improvement 7 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 July 2018	The registered person shall ensure that the IPS audit tool is revisited to ensure to ensure that the decontamination process of reusable dental instruments is in line with best practice outlined in HTM 01-05. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Ref: 5.3
	Response by registered person detailing the actions taken: The IPS audit tool has been revisited and actioned with the recommendation of all dental nurses to complete it on a rotational basis

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews