

Announced Variation to Registration Care Inspection Report 26 June 2017



Clements Dental Care

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

Address: 22 West Street, Carrickfergus BT38 7AR

Tel No: 028 9336 8777

Inspector: Emily Campbell

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 three registered places.

3.0 Service details

Organisation/Registered Provider:
Mr Michael Clements

Registered Manager:
Mr Michael Clements

Person in charge at the time of inspection: Mr Michael Clements	Date manager registered: 14 May 2012
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 3 increasing to 4 effective from 13 July 2017

4.0 Inspection summary

An announced variation to registration inspection took place on 26 June 2017 from 09:50 to 12.00.

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 Michael Clements, registered person. The application was in relation to an extension and refurbishment of the practice and to increase the number of registered dental chairs from three to four.

The inspection sought to assess progress with any issues raised during and 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. Gavin Doherty, estates inspector, undertook a premises inspection on 28 June 2017. The report and findings of the premises inspection will be issued under separate cover.

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

An area requiring improvement was identified against the regulations in relation to ensuring enhanced AccessNI checks are undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.

The application of variation, including the increase in the number of registered dental chairs from three to four, was approved by both the care and estates inspectors on 13 July 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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Michael Clements, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 July 2016.

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
- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with Mr Clements and a dental nurse. A tour of the premises was also undertaken.

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

- statement of purpose (SOP)
- patient guide
- complaints
- infection prevention and control and decontamination
- radiography
- recruitment and selection

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Mr Clements at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 July 2016

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 14 July 2016

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 13 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Clements and a dental nurse and observations made confirmed that compatible dental handpieces are being processed through the washer disinfectant. Mr Clements also confirmed that the decontamination of dental instruments had been updated to reflect this arrangement.	

6.3 Inspection findings

6.3.1 Statement of Purpose

A statement of purpose (SOP) was available which needed further development to ensure it was fully reflective of regulation 7, schedule 1 of The Independent Health Care Regulations

(Northern Ireland) 2005. A revised SOP was emailed to RQIA on 11 July 2017. Minor amendments to the SOP were suggested, which Mr Clements confirmed had been made on 13 July 2017.

6.3.2 Patient Guide

A patient guide was available which needed further development. A revised patient guide was submitted to RQIA on 11 July 2017 which was in keeping with regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

6.3.3 Complaints

The establishment operates a complaints policy which was in need of further development to ensure it was in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005. A revised complaints policy was emailed to RQIA on 11 July 2017. Minor amendments to the complaints policy were suggested, which Mr Clements confirmed had been made on 13 July 2017.

6.3.4 Infection prevention and control/decontamination

Clements Dental Care has purchased adjacent premises to accommodate the expansion of the practice. As part of the extension and refurbishment works, two new surgeries have been established on the ground floor (surgeries 1 and 2). Surgery 1 has been included in the application of variation as an additional dental chair to be registered. The surgery currently located on the first floor, including the dental chair, will be relocated to surgery 2. The arrangements in relation to the two newly established dental surgeries, which are not yet operational, were reviewed. On completion of works all four dental surgeries will be located on the ground floor.

The flooring in the surgeries was impervious and coved where it meets the walls. The surgeries were tidy and uncluttered and work surfaces were intact and easy to clean. Dedicated hand washing basins were available in each surgery and appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste. Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

Mr Clements advised that the following matters were still outstanding in respect of the new surgeries and would be addressed prior to them being made operational:

- hand hygiene posters to be displayed at each hand washing basin
- protective personal equipment (PPE), liquid soap and disposable hand towel dispensers to be installed
- cabinetry to be sealed where it meets the flooring

Mr Clements confirmed by email on 11 July 2017, that these issues had been addressed.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the additional 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 a washer disinfectant and two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. 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. A soil test is not undertaken in respect of the washer disinfectant and it was agreed that the practice will contact the suppliers to determine if a soil test should be routinely carried out for the make and model of the machine. The washer disinfectant is currently not operational and it was confirmed that the fault has been reported and the practice is waiting for a new part to be delivered.

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 February 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

6.3.5 Environment

The extension and refurbishment works included the refurbishment of the reception and waiting area, the establishment of an additional waiting area and, as previously discussed, the establishment of two new surgeries on the ground floor of the practice. The surgery currently located on the first floor, including the dental chair, will be relocated to surgery 2 within the new arrangements. On completion of works all four dental surgeries will be located on the ground floor.

A tour of the premises was undertaken, to include the new established dental surgeries. The environment was maintained to a good standard of maintenance and décor. Mr Clements advised that frosting will be applied to the window of the surgery that fronts onto the street, prior to it being made operational. Mr Clements confirmed by email on 11 July 2017 that this had been addressed.

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

The arrangements for maintaining the environment were reviewed by Gavin Doherty, estates inspector on 28 June 2017. Mr Doherty confirmed on 13 July 2017 that the application of variation was approved from an estates perspective. As discussed previously the report and findings of the premises inspection will be issued under separate cover.

6.3.6 Radiology

New intra-oral x-ray machines have been installed in surgeries 1 and 2. It was confirmed that as these machines are new they are under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination and acceptance test of the new intra-oral x-ray machines had recently been undertaken by the radiation protection advisor (RPA) and the RPA report was received in

the practice on 22 June 2017. Review of the RPA report demonstrated that the recommendations made have been addressed, or were in the process of being addressed. Mr Clements provided assurance that all recommendations made by the RPA would be fully addressed, prior to the equipment being made operational, including display of the local rules near each x-ray unit.

Appropriate staff had signed to confirm that they had read and understood the local rules.

Review of the radiation protection file and discussion with Mr Clements evidenced that all measures are taken to optimise dose exposure. This includes the use of rectangular collimation and audits of x-ray quality.

Mr Clements is the radiation protection supervisor (RPS) for the practice. Review of documentation demonstrated 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.

6.3.7 Recruitment of staff

Mr Clements confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, with the exception of an enhanced AccessNI check in respect of one staff member. The enhanced AccessNI check in respect of the other staff member had been received prior to the commencement of work.

Mr Clements advised that he had not undertaken an enhanced AccessNI check in respect of the identified staff member as they had continued working in the practice following their placement there as a dental foundation trainee, and that an enhanced AccessNI check had been undertaken by the Northern Ireland Medical and Dental Training Agency (NIMDTA) prior to their placement in the practice. It was explained to Mr Clements that enhanced AccessNI checks are not portable and as the identified person has taken up a new position in the practice, a new enhanced AccessNI check must be carried out. Mr Clements confirmed by email on 11 July 2017 that the enhanced AccessNI check had been applied for in respect of the staff member shortly following the inspection. An area for improvement was identified against the regulations that enhanced AccessNI checks must be undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.

6.3.8 Conclusion

The application of variation, including the increase in the number of registered dental chairs from three to four, was approved by both the care and estates inspectors on 13 July 2017. A new certificate of registration will be issued by RQIA reflecting the increase in registered dental chairs.

Areas of good practice

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

Areas for improvement

Enhanced AccessNI checks must be undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Michael Clements, 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 including possible prosecution for offences. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 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 to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web

Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

Area for improvement 1

Ref: Regulation 19 (2)
Schedule 2, as amended

Stated: First time

To be completed by:
26 June 2017

The registered person shall ensure that enhanced AccessNI checks are undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.

Ref: 6.3.7

Response by registered person detailing the actions taken:
I have undertaken the suggestions that were made by Emily Campbell at our practice inspection for the application for variation in June 2017. Notably, I have revised the Statement of purpose, Patient information leaflet and Complaints procedure information as per Emily Campbell's advice.
I have also installed "Hand hygiene" posters at hand washing basins in both of the new surgeries as well as the PPE dispensers. I have also sealed the junction between the cabinetry and the floor in both of the surgeries.
The soil test for our washer disinfectant is being carried out monthly as per manufacturer's instructions.
The enhanced AccessNI check for our new associate dentist has been carried out and no issues were found.

**Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk **



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