

Announced Care Inspection Report 11 June 2018



{my}dentist, Antrim Road

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 277 Antrim Road, Belfast BT15 2GZ
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Inspector: Emily Campbell

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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 four registered places providing private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Provider: IDH Acquisitions Limited Responsible Individual: Ms Krista Nyree Whitley	Registered Manager: Ms Jacqueline McClelland
Person in charge at the time of inspection: Ms Jacqueline McClelland	Date manager registered: 29 June 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 7 September 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 7 September 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) Schedule 2, as amended Stated: First time	The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.	Partially met
	Action taken as confirmed during the inspection: Ms McClelland confirmed that one new staff member has been recruited since the previous inspection.	
	Review of the personnel file for this staff	

	<p>member evidenced that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained, with the exception of a second reference. Ms McClelland advised that a second reference had been requested but had not been provided and that she had requested and was awaiting an alternative reference.</p> <p>Documentary evidence was available that two references had been requested, however, there were no records pertaining to the non-return of a reference or that an alternative reference had been sought. This was discussed in detail with Ms McClelland. Ms McClelland provided confirmation by email on 14 June 2018 that the second reference had been provided.</p> <p>This area for improvement has been partially addressed. An area for improvement against the standards was made that two written references should be obtained prior to new staff commencing employment.</p> <p>Additional issues were identified in relation to the recruitment and selection of staff. Further details can be seen in section 5.5 of the report.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>Records of validation certificates should be retained and be available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that decontamination equipment had current validation. However, it was noted that the washer disinfectant had not been validated until five months after the annual validation was due.</p> <p>This was discussed with Ms McClelland who advised that she had submitted the validation request to IDH Acquisitions Limited head office in a timely manner; however, this was</p>	<p>Not met</p>

	<p>not prioritised by the organisation.</p> <p>IDH Acquisitions Limited must ensure that due cognizance is given to the DOH Professional Estates Letter (PEL) (13) 13 issued to dental practices on 1 October 2013 directing that compliance with HTM 01-05 must be achieved at best practice level. Best practice requires that a washer disinfectant is used within the decontamination process and therefore equipment must be validated on an annual basis.</p> <p>This area for improvement has not been addressed and was stated for the second time.</p>	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time	<p>The registered person shall ensure that all staff receive safeguarding adults and children training as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional policy and guidance should be included in the training provided.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of training records evidenced that staff had completed safeguarding adults and children training. Ms McClelland confirmed that training included the new regional policy and guidance.</p>	
Area for improvement 2 Ref: Standard 15.3 Stated: First time	<p>The registered person shall ensure that the safeguarding policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance.</p> <p>The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should be included and the updated policies should be shared with staff.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of the safeguarding policies evidenced that they had been updated and were reflective of regional policies and best practice guidance.</p>	
<p>Area for improvement 3 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that Buccolam pre-filled syringes are provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB).</p>	Met
	<p>Action taken as confirmed during the inspection: Review of emergency medications evidenced that this area for improvement has been addressed.</p>	
<p>Area for improvement 4 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that all medications are kept in their original packaging.</p> <p>Patient information leaflets should made available for staff reference.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of emergency medications evidenced that this area for improvement has been addressed.</p>	

5.0 Inspection findings

An announced inspection took place on 11 June 2018 from 10:00 to 12:40.

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 Ms Jacqueline McClelland, registered manager, an associate dentist, a dental nurse and two receptionists. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms McClelland 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 July 2017 and Ms McClelland confirmed training had been scheduled for 3 August 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 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, including three of the four dental surgeries and the decontamination room, it was evident that the practice was 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 May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice; no areas that require to be improved were identified.

The audits are carried out by Ms McClelland or the lead decontamination nurse. It was suggested that completion of the audit is rotated among staff as part of their continuing professional development. Ms McClelland confirmed that the outcome of audits is shared with staff.

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.

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 previously the most recent IPS audit, 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 disinfectant and three steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. As discussed in section 4.1, there was a five month delay in validating the washer disinfectant and an area for improvement against the regulations was made for the second time in this regard.

There was no evidence that pressure vessels had been inspected under the written scheme of examination of pressure vessels. An area for improvement against the regulations was made in this regard.

Staff were 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

Decontamination equipment must be validated on an annual basis and records retained.

Pressure vessels should be inspected under the written scheme of examination of pressure vessels. Records should be retained for inspection.

	Regulations	Standards
Areas for improvement	2	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, each of which has an intra-oral x-ray machine.

A radiation protection supervisor (RPS) spoken with 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 demonstrated that any recommendations made have been addressed.

A critical examination of a new intra-oral x-ray unit was undertaken on 28 May 2018; however the RPA report was not available. This was subsequently emailed to RQIA on 13 June 2018; no recommendations were made by the RPA.

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. It was

suggested that the number of patient records audited in relation to justification and clinical evaluation recording are increased.

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 Additional areas examined

Recruitment and selection

One new staff member has been recruited since the previous inspection. As discussed in section 4.1 an area for improvement against the standards was made that two written references should be obtained prior to new staff commencing employment.

Review of the staff member's personnel file also identified that the enhanced AccessNI disclosure check was received after the date of commencement of employment. This was discussed in detail with Ms McClelland and an area for improvement against the regulation was made in this regard.

Review of the staff register identified that only details of the current staff are retained. It was reiterated that the staff register is a live document which should be kept updated. An area for improvement against the standards was made that the staff register should be further developed to include the date of leaving employment and that staff details should not be removed.

Areas for improvement

Two written references should be obtained prior to new staff commencing employment.

An enhanced AccessNI disclosure check must be undertaken and received prior to any staff member commencing employment.

The staff register should be further developed to include the date of leaving employment and staff details should not be removed from the register.

	Regulations	Standards
Areas for improvement	1	2

5.6 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 McClelland.

Discussion with Ms McClelland confirmed that the equality data collected was managed in line with best practice.

5.7 Patient and staff views

Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. Fifteen patients indicated that they felt their care was safe, effective, that they were treated with compassion and that they felt the service was well led. All 15 indicated that they were very satisfied or satisfied with each of these areas of their care. One patient indicated that they were very unsatisfied that their care was effective and the service was well led. However, they also ticked all levels between very unsatisfied to very satisfied that their care was safe and compassionate. It was therefore concluded that the patient completed the sections in error. Comments included in the submitted questionnaire responses were as follows:

- “Really pleased with treatment received at my dentist.”
- “I am happy with present treatment, no issues.”
- “Too expensive!”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received. However, staff spoken with during the inspection indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led.

5.8 Total areas for improvement

	Regulations	Standards
Total number of areas for improvement	3	2

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Jacqueline McClelland, 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 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 11 August 2018</p>	<p>The registered person shall ensure that all decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in Primary Care Dental Practices.</p> <p>Records of validation certificates should be retained and be available for inspection.</p> <p>Ref: 4.1 & 5.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The practice manager will ensure that the service and validation of all decontamination equipment is booked well in advance of the expiry date.</p> <p>An electronic compliance tool is now in place to record the last date that this was completed and this will prompt a reminder in advance of the task becoming due to complete the action</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2018</p>	<p>The registered person shall ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels.</p> <p>Records should be retained for inspection.</p> <p>Ref: 5.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Written scheme of examination have been logged with engineer and we are awaiting a date for the completion of the PVI testing. One test certificate is dated valid until 13 September 2018, the other autoclaves have been taken out of use until this testing has been completed.</p> <p>The practice manager will ensure that the service and validation of all decontamination equipment is booked well in advance of the expiry</p>

	<p>date. An electronic compliance tool is now in place to record the last date that this was completed and this will prompt a reminder in advance of the task becoming due to complete the action</p>
<p>Area for improvement 3 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 12 June 2018</p>	<p>The registered person shall ensure that an enhanced AccessNI disclosure check is undertaken and received prior to any new staff member commencing employment. Ref: 5.5</p> <p>Response by registered person detailing the actions taken: A new company HR tool will assist in this process however the manager will take full responsibility to ensure that no new employees will be started in practice until Access NI has been fully completed</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1 Ref: Standard 11.1 Stated: First time To be completed by: 12 June 2018</p>	<p>The registered person shall ensure that two written references are obtained prior to new staff commencing employment. Ref: 4.1 & 5.5</p> <p>Response by registered person detailing the actions taken: A new company tool will assist in this process however the manager will take full responsibility to ensure that no new employees will be started in practice until two references have been received.</p>
<p>Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 25 June 2018</p>	<p>The registered person shall ensure that the staff register is further developed to include the date of leaving employment. Staff details should not be removed from the register. Ref: 5.5</p> <p>Response by registered person detailing the actions taken: The manager has amended the staff register to include employee leaving date.</p>

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



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