

Announced Variation to Registration Care Inspection Report 30 June 2016



Crescent Dental Health

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

Address: 10 Lower Crescent, Belfast BT7 1NR

Tel No: 028 9024 6311

Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced variation to registration inspection of Crescent Dental Health took place on 30 June 2016 from 14:00 to 16:30. Mr Kieran Monaghan, estates inspector, undertook an estates inspection at the same time. The inspectors were accompanied by Dr Ian Gillan, RQIA Medical Physics Advisor; the findings of Dr Gillan is appended to this report. The report and findings of the estates inspection will be issued under separate cover.

An application was submitted to RQIA by Mr James Hurson, registered person, to vary the current registration of Crescent Dental Health. The practice was initially registered on 3 December 2012 and the application was made for registration to provide prescribed techniques and technologies using a Class 4 laser. The purpose of this inspection was to review the readiness of the practice to provide dental treatments using a Class 4 laser.

This inspection was underpinned by 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) and the DHSSPS The Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the QIP within this report were discussed with Mr Hurson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Information has been gathered throughout the registration process. Some of the matters set out above have been found to not yet be in place. These matters have been discussed with Mr Hurson, registered person. Requirements relating to these matters have been made in the inspection report. A timescale that has been agreed with Mr Hurson is specified for submission to RQIA of a Quality Improvement Plan (QIP) addressing these matters. Scrutiny of this information means that the variation of registration of this Dental Practice is recommended, subject to submission to RQIA of a QIP agreeing that these matters will be addressed within the specified timescales.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Mr James Hurson	Registered manager: Mr James Hurson
Person in charge of the establishment at the time of inspection: Mr James Hurson	Date manager registered: 3 December 2012
Categories of care: Independent Hospital – Dental Treatment Application – prescribed techniques or technologies using Class 4 lasers.	Number of registered places: 2

Lasers

Manufacturer: Biolase
 Model: Epic 10 Diode Laser
 Serial Number: 81503143
 Laser Class: 4
 Output Wavelength: 940nm (invisible infra-red)

Manufacturer: Biolase
 Model: Waterlase iplus
 Serial Number: 72150224
 Laser Class: 4
 Output Wavelength: 2780nm (invisible infra-red)

Laser Protection Advisor (LPA) - Simon Wharmby (Lasersafe)

Medical Support Services - Not applicable

Laser Protection Supervisor (LPS) - Mr James Hurson

Authorised Users - Mr James Hurson

Type of Treatments Provided

The Waterlase iplus is an all tissue laser that can be used on hard and soft tissue effectively to aid in a wide range of treatments from treatment of gum disease to root filling, restorations and minor surgery.

The Biolase epic10 is a soft tissue laser and will be used for Low Level Laser Therapy (LLLT) as an adjunct to treatment to improve healing and provide pain relief.

3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted variation to registration application
- discussion with Mr James Hurson, registered person
- discussion with the practice manager
- assessment of the environment
- review of documentation required by legislation and good practice and
- evaluation and feedback

4.0 Inspection findings

4.1 Review of requirements and recommendations from the most recent inspection dated 11 February 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 11 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person must ensure that registered dental professionals working in the dental practice have professional indemnity cover. A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Hurson and review of documentation confirmed that all registered dental professionals working in the dental practice have professional indemnity cover.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.1 Stated: First time	<p>A policy on the management of medical emergencies should be provided in the dental practice.</p> <p>The policy should include the training arrangements for staff, provision of emergency medication and emergency equipment, checking procedures; how to summon help, incident documentation and the arrangements for staff debriefing post incident.</p>	Met
	<p>Action taken as confirmed during the inspection: A copy of the reviewed and updated management of medical emergency policy was provided to RQIA with the previous QIP. This was seen to meet with best practice guidance.</p>	
Recommendation 2 Ref: Standard 11.1 Stated: First time	<p>The recruitment and selection policy should be further developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> • the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; two written references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant. 	Met
	<p>Action taken as confirmed during the inspection: A copy of the reviewed and updated recruitment policy was provided to RQIA with the previous QIP. This was seen to include the areas as outlined in this recommendation and was reflective of current best practice guidance.</p>	

Recommendation 3 Ref: Standard 11.1 Stated: First time	Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Mr Hurson confirmed that no new staff have been appointed since the previous inspection. Mr Hurson demonstrated a commitment to ensure the documentation and recruitment checks included in the revised recruitment policy would be in place prior to commencement of employment for any staff member.	

4.3 Inspection findings

4.3.1 Statement of purpose

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

4.3.2 Patient guide

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

4.3.3 Patient partnerships

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. The information obtained from patients is collated into an anonymised format, summarised and used by the establishment to make improvements to the services.

The most recent summary report dated September 2015 was available in the practice, Mr Hurson and the practice manager confirmed that the future patient satisfaction survey will seek feedback on the effect of laser treatments.

4.3.4 Complaints

Review of the complaints policy and procedure identified that further development was needed to include the referral details of other agencies that may be utilised within the complaints investigation process. Advice and guidance was provided and a recommendation has been made in this regard.

Staff spoken with demonstrated an understanding of complaints management and systems are in place to effectively document and manage complaints.

4.3.5 Recruitment of staff

A review of the submitted staffing information and discussion with Mr Hurson confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

4.3.6 Staff training and development and training for staff using lasers and intense light sources

A record of training was available for Mr Hurson as the authorised user.

Core of knowledge training was undertaken on 12 June 2016.

The safe use and application of laser training was undertaken on 12 June 2016. Mr Hurson confirmed he had undergone extensive training on the safe use of both lasers and agreed to provide further detail of the course content. On 6 July 2016, RQIA received an electronic mail from Mr Hurson which provided a detailed record of the content of training for each course undertaken, which verified the applications training was specific to the laser treatments to be provided by Mr Hurson.

A review of the training records confirmed that all mandatory training outlined in the RQIA guidance had been completed.

Mr Hurson confirmed that laser safety awareness training had not yet been provided for staff not directly involved in the use the laser. A requirement has been made that laser safety awareness training is provided for staff not directly involved in the use of the laser.

4.3.7 Infection prevention control

The inspector undertook a tour of the premises. The practice has recently undergone a programme of refurbishment which included both dental surgeries and the decontamination room. Observation of both dental surgeries confirmed they have been completed and equipped to a high standard. At the time of the inspection, the decontamination room was to be refitted within the following days. Discussion with Mr Hurson demonstrated that he had sought advice and guidance to ensure the decontamination room would be completed to meet HTM 01-05 specifications. As the lasers are high powered electrical devices the clinic should obtain a CO2 extinguisher suitable for electrical fires, a requirement has been made in this regard.

Staff have received training in infection prevention and control and policies and procedures were in place for infection prevention and control.

Cleaning schedules were in place and arrangements for the decontamination of equipment between patients.

There were adequate supplies of personal protective equipment, liquid soap, alcohol based hand gels and disposable hand towels available. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Kieran Monaghan estates inspector, reviewed the environmental aspects of the practice and the associated risk assessments as part of his inspection. The estates inspection report will be issued under separate cover.

4.3.8 Patient information and laser procedures

Mr Hurson confirmed that patients will have an initial consultation and will be provided with written information on the specific laser procedures that explains the risks, complications and expected outcomes of the treatment; however at the time of the inspection this information had not been completed. On 10 July 2016 a copy of the patient information for laser procedures was provided to RQIA by electronic mail which was reviewed and seen to meet with good practice guidance.

The practice has a list of fees available for each laser procedure. Fees for treatment are agreed during the initial consultation and may vary depending on the treatment provided and the individual requirements of the patient.

Patients are asked to complete a health questionnaire. There are systems in place to contact the patient's GP, with their consent, for further information if necessary.

4.3.9 Procedures for the use of lasers

Laser procedures will be carried out by Mr Hurson who has extensive knowledge in the use of the dental laser systems, however only 'example template' laser treatment protocols were available. A requirement has been made that laser treatment protocols should be developed to reflect the treatments to be undertaken to include;

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

The establishment has local rules in place which have been developed by their LPA on 10 June 2016.

Systems are in place to review the local rules every three years.

The local rules cover:

- the potential hazards associated with lasers and intense light sources
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety Checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

The name of the person who has overall on-site responsibility for safety during laser treatments is recorded within the local rules.

Laser operators are authorised to use the equipment and a register of authorised users is maintained.

Mr Hurson is the only authorised user and has signed to state that he has read and understood the local rules.

A laser register had not yet been developed to maintain a record of each time each Laser is operated. A requirement has been made that a laser register for each laser machine is established in line with the legislation to include:

- The name of the person treated
- The date
- The operator
- The treatment given
- The precise exposure
- Any accident or adverse incidents

The proposed patient care records were reviewed and found to contain a health questionnaire, consent form and record of treatment.

4.3.10 Safe operation of lasers and intense light sources

Both lasers are located in surgery 1, which was found to be controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

A laser safety warning sign was provided on the door of Surgery 1, to be displayed when the laser is in use and removed when not in use as described within the local rules.

When the equipment is in use, the safety of all persons in the controlled area is the responsibility of Mr Hurson, LPS.

Protective eyewear was available for the patient and operator as outlined in the local rules.

The entrance door to Surgery 1 has a suitable lock in place which allows the room to be accessed in the event of an emergency.

Arrangements are in place for the safe custody of the laser key for the Waterlase iplus, the laser key was observed to be stored safely and securely during the inspection. The Biolase epic10 is keypad operated with password protection. A recommendation has been made to provide a policy for the arrangements for the prevention of unauthorised use of either laser.

There is a laser safety file in place.

Equipment is serviced and maintained in line with the manufacturers' guidance. The installation report for the laser equipment was reviewed as part of the inspection process.

The inspector reviewed the incident policy and discussed the reporting of adverse incidents in line with the RQIA reporting procedure.

4.4 Laser protection report

A laser protection report prepared by Dr Ian Gillan, RQIA's medical physics expert has been appended to this report and outlines any deficits in laser safety arrangements within the establishment.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr James Hurson, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on 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.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011) and the DHSSPS The Minimum Care Standards for Independent Healthcare Establishments (July 2014). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Independent.Healthcare@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>Laser safety awareness training must be provided for all staff not directly involved in the use of the laser.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>
<p>Requirement 2</p> <p>Ref: Regulation 25(4)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>A CO2 extinguisher suitable for electrical fires should be provided for the controlled area.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>
<p>Requirement 3</p> <p>Ref: Regulation 39</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>Laser treatment protocols should be further developed to reflect the treatments to be undertaken to include;</p> <ul style="list-style-type: none"> • contraindications • technique • pre-treatment tests • pre-treatment care • post-treatment care • recognition of treatment-related problems • procedure if anything goes wrong with treatment • permitted variation on machine variables • procedure in the event of equipment failure <hr/> <p>Response by registered provider detailing the actions taken:</p>
<p>Requirement 4</p> <p>Ref: Regulation 21(3) Schedule 3 Part II (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>A laser register for each laser machine should be established in line with the legislation to include:</p> <ul style="list-style-type: none"> • The name of the person treated • The date • The operator • The treatment given • The precise exposure • Any accident or adverse incidents

	Response by registered provider detailing the actions taken:
Recommendations	
Recommendation 1	The complaints policy and procedure should be further developed to include the referral details of other agencies that may be utilised within the complaints investigation process.
Ref: Standard 7	
Stated: First time	Response by registered provider detailing the actions taken:
To be completed by: 30 July 2016	
Recommendation 2	A policy for the arrangements for the prevention of unauthorised use of either laser should be developed and shared with staff.
Ref: Standard 48	
Stated: First time	Response by registered provider detailing the actions taken:
To be completed by: 30 July 2016	



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



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