

# Announced Care Inspection Report 19 November 2018



## Curran Oral Surgery Clinic

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 434 Lisburn Road, Belfast BT9 6GR**

**Tel No: 028 9066 7979**

**Inspector: Norma Munn**

[www.rqia.org.uk](http://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 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

Curran Oral Surgery Clinic is a referral only dental practice which carries out NHS and private oral surgery treatments. The practice is registered with four registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Martin Curran	<b>Registered Manager:</b> Mr Martin Curran
<b>Person in charge at the time of inspection:</b> Mr Martin Curran	<b>Date manager registered:</b> 8 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 4.0 Action/enforcement taken following the most recent inspection dated 24 January 2018

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 24 January 2018

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2 (as amended)  <b>Stated:</b> First time	The registered person shall ensure that AccessNI enhanced disclosures are undertaken and received prior to any new staff commencing employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr Curran confirmed that six staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that AccessNI enhanced disclosures were in place for all six staff prior to their commencement of employment. Mr Curran confirming that one of the AccessNI checks had been received in respect of the	

	Northern Ireland Medical and Dental Training Agency (NIMDTA) and had not been undertaken by Mr Curran as the new employer. This was discussed and following the inspection RQIA received confirmation that an AccessNI enhanced disclosure check had been undertaken and received in respect of this identified staff member.	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11 <b>Stated:</b> Second time	A system should be established to provide an overview of training in respect of all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of training records and discussion with staff confirmed that a system is in place to overview training for all staff.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	The registered person shall ensure that two written references, one of which should be from the current/most recent employer, are sought and retained, prior to any new staff commencing employment, including self-employed staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the personnel files for four of the newly recruited staff evidenced that references had been sought and retained with the exception of one reference in one file. Following the inspection RQIA received confirmation that this reference had been sought and retained.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time	The registered person shall ensure that AccessNI enhanced disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of: <ul style="list-style-type: none"> <li>• the date the check was applied for</li> <li>• the date the check was received</li> <li>• the unique identification number</li> <li>• the outcome of the assessment of the check</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Mr Curran was aware that AccessNI enhanced disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the safeguarding lead completes formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Curran confirmed that he had not yet completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). This area for improvement has not been addressed and has been stated for a second time.</p>	<b>Not met</b>
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time</p>	<p>The registered person shall further develop the safeguarding policy to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership issued in July 2015.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Curran confirmed that the safeguarding policy had been updated. The policy had been updated to reflect the regional guidance.</p>	<b>Met</b>
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a copy of the local rules is displayed near each x-ray machine.</p> <p><b>Action taken as confirmed during the inspection:</b> A copy of the local rules was displayed near each x-ray machine.</p>	<b>Met</b>
<p><b>Area for improvement 7</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> Second time</p>	<p>The fire risk assessment should be reviewed on an annual basis and a record retained.</p> <p>Fire drills and fire safety awareness training should be provided on an annual basis and records retained.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records and discussion with Mr Curran and staff confirmed that the fire risk had been reviewed and a fire drill had been carried out during January 2018.</p> <p>Following the inspection RQIA received confirmation that a fire safety awareness training had been undertaken for the majority of the staff and further training is to be arranged.</p>	
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## 5.0 Inspection findings

An announced inspection took place on 19 November 2018 from 10.00 to 12.15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Martin Curran, registered person; the practice manager; an associate dentist; and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Curran 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 provided in keeping with British National Formulary (BNF). It was identified that Buccolam pre-filled syringes had not been provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) guidance and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities as recommended. Mr Curran agreed to review the supply of Buccolam and following the inspection RQIA received confirmation that the supply of Buccolam pre-filled syringes had been increased as recommended.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during August 2018.

Relative Analgesia (RA) sedation, using nitrous oxide gas, is available for patients who are assessed as needing it. A review of the RA sedation arrangements identified uncertainty in relation to the frequency of the servicing of the RA machines. Following the inspection, RQIA received confirmation that the RA machines were being serviced and a nitrous oxide risk assessment had been undertaken to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

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 further 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, it was evident that the practice, including the clinical and decontamination areas 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 September 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. It was confirmed that an action plan is

generated to address the areas for improvement identified by the audit. The audits are carried out by one of the dental nurses and any learning identified as a result of these audits is shared with staff during staff meetings.

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
<b>Areas for improvement</b>	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 a review of the most recent IPS audit, completed during September 2018 , evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector and two steam sterilisers has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

### Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has four surgeries, each 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 Curran as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Curran 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 during April 2018 demonstrated that a number of recommendations had been made. There was no evidence to confirm that the recommendations made had been addressed. This was discussed with Mr Curran who agreed to action this. Following the inspection RQIA received confirmation that all of the recommendations have been actioned with the exception of one which they are in the process of actioning.

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.

## 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 further 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 Mr Curran.

### 5.6 Patient and staff views

Three patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led and they were very satisfied with each of these areas of their care. No comments were included in the submitted questionnaire responses.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

### 5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Curran, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 January 2019</p>	<p>The registered person shall ensure that the safeguarding lead completes formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 4.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Level 2 training is booked for 13<sup>th</sup> Feb for all staff and Mr Curran will be enrolling for Level 3 when a course becomes available through NIMDTA hopefully before June</p>

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



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