

Announced Variation to Registration Care Inspection Report 12 December 2016 and 10 January 2017



Newtownabbey Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 292 Shore Road, Whitehouse, Newtownabbey, BT37 9RW
Tel no: 028 9036 5259
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 Newtownabbey Dental Practice took place on 12 December 2016 from 10:30 to 13:30. Due to unforeseen circumstances, Ms Sarah-Louise Fox-Bann, registered manager, was not available and Mrs Lynda Bailey, registered manager of Glengormley Dental Practice, another practice owned by Oasis Dental Care, facilitated the inspection. However as some documentation could not be accessed on the 12 December 2016 the inspection concluded on 10 January 2017, at which time Ms Sarah-Louise Fox-Bann, registered manager, facilitated the inspection.

Colin Muldoon, estates inspector, undertook a premises inspection on 12 December 2016. The report and findings of the premises inspection will be issued under separate cover.

An application was submitted to RQIA by Mr Andrew Relf, registered person, to vary the current registration of Newtownabbey Dental Practice. The practice was initially registered on 31 May 2012 and the application made was to increase the number of registered dental chairs from three to four. The purpose of this inspection was to review the readiness of the practice for the provision of private dental care and treatment associated with the application for registration of one additional dental chair.

The variation to registration application to increase the number of registered dental chairs from three to four was approved following this inspection.

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).

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Lynda Bailey, registered manager of The Glengormley Dental Practice and Ms Sarah-Louise Fox Bann, registered manager, of Newtownabbey Dental Practice, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 April 2016.

2.0 Service details

| | |
|---|--|
| Registered organisation/registered person: Oasis Dental Care Mr Andrew Relf | Registered manager: Miss Sarah-Louise Fox-Bann |
| Person in charge of the practice at the time of inspection: Mrs Lynda Bailey on 12 December 2016 Miss Sarah-Louise Fox-Bann on 10 January 2017 | Date manager registered: 9 May 2016 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 3 increasing to 4 post inspection |

3.0 Methods/processes

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

- review of the submitted variation to registration application
- discussion with Mrs Lynda Bailey, registered manager of The Glengormley Dental Practice, on 12 December 2016
- discussion with Ms Sarah-Louise Fox Bann, registered manager of Newtownabbey Dental Practice on 10 January 2017
- discussion with an associate dentist, a dental nurse and a receptionist
- assessment of the environment
- review of documentation required by legislation and good practice and
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 April 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 19 April 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 15(7) Stated: Second time | The registered person must ensure that a legionella risk assessment is undertaken and reviewed every two years or following any alteration or modification to the water system. Evidence should be provided that any recommendations made therein, are addressed with records retained for inspection. | Met |
| | Action taken as confirmed during the inspection: Review of documentation confirmed that a legionella risk assessment had been undertaken on 30 October 2016. Following this inspection, evidence was provided to Colin Muldoon confirming that recommendations made therein had been addressed. | |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 11 Stated: First time | A system should be established to ensure that all staff members receive an annual appraisal | Met |
| | Action taken as confirmed during the inspection: Discussion with staff confirmed that a formal annual appraisal has been undertaken for all staff members. | |
| Recommendation 2 Ref: Standard 11.1 Stated: First time | Two written references, one of which should be from the current/most recent employer, should be obtained prior to the appointment of any new staff member. | Met |
| | Action taken as confirmed during the inspection: Review of the personnel files for two new staff members confirmed that two written references had been obtained prior to the appointment of each staff member. | |

| | | |
|--|--|------------|
| <p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> | <p>Computer keyboards in clinical areas should be wipe-able or have a wipe-able cover.</p> <hr/> <p>Action taken as confirmed during the inspection: Computer keyboards in clinical areas have been provided with a wipe-able cover.</p> | Met |
| <p>Recommendation 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> | <p>A monthly soil test should be undertaken for the washer disinfectant and recorded in the washer disinfectant log book.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and review of the washer disinfectant log book confirmed that a monthly soil test has been undertaken and recorded.</p> | Met |
| <p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> | <p>The following issues identified in the patient's toilet facility should be made good:</p> <ul style="list-style-type: none"> • provide a toilet roll holder/ dispenser • wall surfaces should be intact to facilitate cleaning <p>the wooden wash hand basin unit should be repainted or re-varnished to provide an intact impervious surface</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the patient's toilet facility confirmed that all the areas identified had been addressed.</p> | Met |
| <p>Recommendation 6</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> | <p>The registered person should ensure that any requirements and/or recommendations made in a Quality Improvement Plan (QIP) are addressed within the stated time frame.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the previous QIP confirmed that any requirements and/or recommendations made within the QIP had been addressed within the stated time frame.</p> | Met |

| | | |
|--|---|------------|
| Recommendation 7 Ref: Standard 8.5 Stated: First time | The registered person should review current monitoring systems to ensure effective governance arrangements are in operation. | Met |
| | Action taken as confirmed during the inspection: Since the previous inspection, the registered person has implemented six monthly unannounced inspection visits to the practice, a report of the most recent monitoring visit was available for inspection. | |

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. The document had been updated to reflect the proposed additional dental chair and new staff recruited.

4.3.2 Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair and new staff recruited. On 12 December 2016 it was noted that the practice opening hours were not displayed or available for patient information. On 10 January 2017, further review of the patient guide confirmed that this document had been further developed to include the practice opening hours.

4.3.3 Recruitment of staff

Discussion with staff and review of the submitted variation to registration application confirmed that due to the development of the fourth dental surgery, two new 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.

4.3.4 Environment

The new fourth surgery and the staff room/kitchen are on the first floor of the dental practice. Review of the fourth dental surgery evidenced that works have been completed to a good standard of maintenance and décor. New fixtures included new cabinetry, dental chair and x-ray equipment.

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

In general the environment was maintained to a good standard of maintenance and décor. On 12 December 2016, it was noted that a store room used for storing the colour coded cleaning equipment was not well maintained and presented as a potential health and safety hazard, this was discussed with Mrs Bailey, who confirmed this area would be addressed. On 10 January 2017, the store room was observed and improvement noted, cleaning equipment was stored in a more appropriate manner and the area was free from clutter.

4.3.5 Infection prevention and control/decontamination

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, the dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies.

The arrangements in regards to the newly established fourth dental surgery were reviewed. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Ms Fox-Bann confirmed that additional dental instruments will be provided to meet the demands of the fourth dental surgery once it is operational.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and three steam sterilisers have 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.

On 12 December 2016, staff confirmed that the washer disinfectant data logger was not operational as a connecting cable could not be located. On 10 January 2017, review of the washer disinfectant and discussion with Ms Fox-Bann confirmed that the data logger connecting cable had been replaced and the data logger was operational. The washer disinfectant logbook was reviewed and was seen to have been updated accordingly.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool and this is completed six monthly. Records were retained in this regard.

Written procedures were provided for the management of the dental unit water lines, and discussion with staff confirmed they followed best practice guidance in this regard. Water quality testing was undertaken in accordance with the manufacturer's guidance.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

4.3.6 Radiology

A new intra-oral x-ray machine has been installed in the new surgery.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained, the file had been signed by all staff, including new staff, to confirm they had read the contents.

A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing in respect of the intra-oral x-ray machines.

Review of the radiation protection file evidenced that a critical examination of the new x-ray unit had been undertaken by the appointed radiation protection advisor (RPA) and any recommendations made have been addressed. The local rules were on display and were signed by staff to confirm they have read and understood these.

4.3.7 Conclusion

The variation to the registration in regards to the increase in dental chairs from three to four was approved, by the care inspector, following this inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews