

# Announced Care Inspection Report 4 June 2018



## Elite Dental

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

**Address: 246 - 248 Ravenhill Road, Belfast BT6 8GJ**

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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

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Mrs Lida Fartash               | <b>Registered Manager:</b><br>Mrs Lida Fartash  |
| <b>Person in charge at the time of inspection:</b><br>Mrs Lida Fartash     | <b>Date manager registered:</b><br>6 March 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment | <b>Number of registered places:</b><br>4        |

## 4.0 Action/enforcement taken following the most recent inspection dated 16 May 2017

The most recent inspection of the establishment was an announced care inspection. No further actions were required to be taken following the most recent inspection on 16 May 2017.

## 4.1 Review of areas for improvement from the last care inspection dated 16 May 2017

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

An announced inspection took place on 4 June 2018 from 10:55 to 13:30.

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 Mrs Lida Fartash, registered person; the practice manager; two dental nurses, one of whom covers reception duties; and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Fartash 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 were retained in keeping with the British National Formulary (BNF) with the exception of the following:

- The Buccolam medication had expired in March 2018. Mrs Fartash and staff confirmed that a new supply of Buccolam had been ordered and documentary information was provided by the supplier confirming that they had difficulties obtaining the medication and that it would be provided when available. This matter was discussed and it was suggested that another supplier is approached in order for the medication to be supplied. Mrs Fartash confirmed by telephone on 11 June 2018 that a new supply of Buccolam medication had been obtained.
- One dose each of Adrenaline 150mg and Adrenaline 300mg was available. However, there was no Adrenaline available in the 500mg dose for administration to adults or a child over 12 years as outlined in the BNF; there was no availability in any doses should a patient require a second dose. This was discussed with Mrs Fartash and an area for improvement against the standards was made in this regard.

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. A discussion took place in relation to the procedure for the accurate administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mrs Fartash has advised that she will ensure that Buccolam will be administered accurately in the event of an emergency in keeping with the HSCB recommendation.

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 April 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.

Inhalation sedation is available as required for patients in accordance with their assessed need. Review of records confirmed that relative anaesthetic (RA) equipment was last serviced in September 2017. Guidance in the use of nitrous oxide was available; however, a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 06 September 2017 has not been completed. An area for improvement against the standards was made in this regard.

**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**

Adrenaline should be available in the various doses and quantities in keeping with the BNF.

A nitrous oxide risk assessment should be completed in keeping with best practice guidance.

|                              | Regulations | Standards |
|------------------------------|-------------|-----------|
| <b>Areas for improvement</b> | 0           | 2         |

**5.2 Infection prevention and control**

**Infection prevention and control (IPC)**

During a tour of the premises, including two 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 March 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.

The audits are carried out by various staff within the practice and the staff confirmed that the outcome of the audit is discussed at 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 |
|-----------------------|-------------|-----------|
| 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 a review of the most recent IPS audit, completed during March 2018 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, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of recording the details of the daily automatic control test (ACT) in respect of the DAC Universal. An area for improvement against the standards was made in this regard. Pressure vessels were examined under the written scheme of examination of pressure vessels in April 2018.

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

The details of the daily ACT in respect of the DAC Universal should be recorded in the logbook.

|                       | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0           | 1         |

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has four surgeries, three of which have an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine, which is located in a separate area.

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) has been appointed.

Two separate dedicated radiation protection files in respect of the intra-oral x-ray units and the CBCT, containing all relevant information were in place. The radiation protection supervisor (RPS) regularly reviews the information contained within the files 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 most recommendations made have been addressed. Outstanding recommendations were addressed during the inspection with the exception of registration with the Health and Safety Executive. Mrs Fartash provided assurance that this would be addressed following the inspection.

A critical examination of the recently installed CBCT machine was carried out by the RPA/MPE on 21 March 2018. Mrs Fartash is the only operator of the CBCT and is currently undertaking training in its use. Mrs Fartash confirmed that on completion of her training, any outstanding recommendations made by the RPA/MPE would be actioned.

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 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 Mrs Fartash and the practice manager.

## 5.6 Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All patients indicated that they were very satisfied or satisfied that their care was safe and effective. Fifteen patients indicated that they were very satisfied or satisfied that their care was compassionate and that the service was well led. One patient indicated that they were not satisfied in respect to being treated with compassion and were neither satisfied or unsatisfied that the service was well led. The following comments were included in submitted questionnaire responses:

- “Myself and 2 children use Elite Dental and have always been well taken care of. Staff go out of their way to ensure your visit is a positive enjoyable experience. I wouldn’t go anywhere else.”
- “Staff are always friendly and welcoming. Facilities always clean.”
- “Very happy with treatment and service.”
- “Dentist was abrupt and lacked compassion. Very judgemental. I felt embarrassed and ashamed when I left.”

The comment provided by a patient that the dentist lacked compassion was discussed with Mrs Fartash. Mrs Fartash provided assurances that this would be discussed with staff, for consideration and reflection when discussing care and treatment with patients in the future.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 5.7 Total areas for improvement

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 3         |

## 6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Lida Fartash, 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>  |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 12.4<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>2 July 2018   | The registered person shall ensure that Adrenaline is available in the various doses and quantities in keeping with the British National Formulary (BNF).<br><br>Ref: 5.1<br><br><b>Response by registered person detailing the actions taken:</b><br>completed  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 8.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>4 August 2018  | The registered person shall ensure that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 is completed.<br><br>Any areas of improvement identified in the risk assessment should be addressed and records retained.<br><br>Ref: 5.1<br><br><b>Response by registered person detailing the actions taken:</b><br>completed |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 13..4<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>11 June 2018 | The registered person shall ensure that the details of the daily automatic control test (ACT) in respect of the DAC Universal are recorded in the logbook.<br><br>Ref: 5.3<br><br><b>Response by registered person detailing the actions taken:</b><br>completed   |

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



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