

# Announced Care Inspection Report 21 November 2019



## Elite Dental

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

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

**Tel No: 028 9045 9696**

**Inspector: Liz Colgan**

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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 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

## 2.0 Profile of service

This is a registered dental practice with 4 registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mrs Lida Fartash  <b>Responsible Individual:</b> Mrs Lida Fartash	<b>Registered Manager:</b> Mrs Lida Fartash
<b>Person in charge at the time of inspection:</b> Mrs Lida Fartash	<b>Date manager registered:</b> 6 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 4 June 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 4 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure that Adrenaline is available in the various doses and quantities in keeping with the British National Formulary (BNF).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation and discussion with Mrs Fartash evidenced that Adrenaline 1:1000 1ml ampoules are available and the requirements for various doses are outlined in keeping with	

	the British National Formulary (BNF).	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	<p>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.</p> <p>Any areas of improvement identified in the risk assessment should be addressed and records retained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Review of documentation confirmed 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 has been completed.</p> <p>Any areas of improvement identified in the risk assessment have been addressed and records retained.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Review of documentation confirmed that the details of the daily automatic control test (ACT) in respect of the DAC Universal are recorded in the logbook.</p>	

## 5.0 Inspection findings

An announced inspection took place on 21 November 2019 from 10.00 to 12.20.

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, responsible individual, the practice manager; two dental nurses, and a receptionist. A tour 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 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. Observation and discussion with Mrs Fartash evidenced that Adrenaline 1:1000 1ml ampoules are available and the requirements for various doses are outlined in keeping with the British National Formulary (BNF).

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 2019.

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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mrs Fartash confirmed that inhalation sedation, known as relative analgesia (RA) is offered in this practice as a form of conscious sedation.

A policy and procedure in relation to the management of conscious sedation is in place. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records and discussion with Mrs Fartash confirmed that the RA equipment has been serviced in keeping with manufacturer’s instructions. Mrs Fartash confirmed that a nitrous oxide risk assessment had been completed 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.

**Areas of good practice**

A review of arrangements in respect of conscious sedation evidenced that all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

**5.3 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 has previously audited 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.

The most recent IPS audit was not available. Mrs Fartash was advised that these audits should be completed every six months. An area for improvement against the standards was made in this regard.

The person who had previously undertaken these audits was on extended leave. Discussion with Mrs Fartash confirmed that any learning identified as a result of these audits had been 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.

Discussion with Mrs Fartash and review of documentation confirmed that records were retained to evidence staff's Hepatitis B vaccination status. These records had been generated by the staff member's GP and an occupational health (OH) department. It was confirmed that the newly recruited staff members had not been automatically referred to occupational health. Mrs Fartash was advised that in the future all newly recruited clinical staff members must be referred to occupational health.

### 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 ensuring staff have the knowledge and skills to ensure standards are maintained.

### Areas for improvement

An IPS audit should be completed every six months.

	Regulations	Standards
Areas for improvement	0	1

## 5.4 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.

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, a DAC Universal and two steam sterilisers have 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

## 5.5 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.

Mrs Fartash 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. Mrs Fartash 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. There is one outstanding recommendation regarding a light this is to be addressed during the Christmas break as the surgery needs to be closed to carry out this work.

Mrs Fartash is the only operator of the CBCT. Mrs Fartash confirmed that training had been completed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mrs Fartash 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

## 5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Mrs Fartash confirmed that an audit of complaints to identify trends, drive quality improvement and to enhance service provision would be completed if necessary.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

### Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Fartash is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

### 5.8 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.

### 5.9 Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. Fourteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Fourteen patients indicated that they were either very satisfied or satisfied with each of these areas of their care. One patient was satisfied that their care was safe and effective, they were unsatisfied with the sections on compassion and that the service was well led.

Comments included in in submitted questionnaire responses are as follows:

- “A lovely dental practice. Staff are very polite, friendly and helpful.”
- “Girls were lovely, very accurate and attention to detail. Showed love and care, treated my daughter so nicely making my visit more pleasant.

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

**5.10 Total number of areas for improvement**

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

**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> Ref: Standard 13 Stated: First time To be completed by: 21 December 2019	The responsible individual shall ensure that the Infection Prevention Society (IPS) audit tool is completed every six months in accordance with the Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices  Ref: 5.3
	<b>Response by registered person detailing the actions taken:</b> completed

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



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