



The Regulation and
Quality Improvement
Authority

Announced Inspection- Follow Up

Name of Establishment: Railway Dental Care
Establishment ID No: 11510
Date of Inspection: 13 January 2015
Inspector's Name: Stephen O'Connor
Inspection No: 20748

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Railway Dental Care
Address:	9 Railway Street Strabane BT82 8EG
Telephone number:	028 71 382750
Registered organisation / registered provider:	Mr Gordon Kennedy
Registered manager:	Mr Gordon Kennedy
Person in charge of the establishment at the time of Inspection:	Mr Gordon Kennedy
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	1
Date and type of previous inspection:	Announced Inspection 21 October 2014
Date and time of inspection:	13 January 2015 10:00 – 11:10
Name of inspectors:	Stephen O'Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aim of this announced inspection was to monitor the improvements made following the announced inspection undertaken on 19 February 2013 and to determine the provider's compliance with the following:

- The HPSS (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;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

- Discussion with registered Mr Kennedy, registered provider;
- Examination of relevant records.
- Consultation with relevant staff.
- Tour of the premises.
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Inspection Focus

The inspection sought to establish the level of compliance with the Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment 2011.

The purpose of this inspection was to monitor and ensure that the serious concerns and issues identified during the previous inspection, which was undertaken on 21 October 2014, have been addressed.

6.0 Profile of Service

Railway Dental Care is situated within a former residential building, which has been converted for use as a dental practice, located in Strabane. The practice is close to local amenities and public transport routes.

On street and public car parking is available for patients.

The establishment is accessible for patients with a disability. The surgery and a disabled toilet are located on the ground floor of the premises.

Railway Dental Care is registered to operate one dental chair, providing both private and NHS dental care. The registered dental chair is on the first floor of the practice. A waiting area and toilet facilities are available for patient use. Staff and storage facilities are also available. The practice has a separate decontamination room.

On the 30 September 2014 the inspector was contacted via telephone by an employee of the practice who enquired about the procedure to increase the number of registered dental surgeries from one to two. The inspector discussed the application process and arranged for a variation to registration application to be forwarded to Mr Kennedy. The application to vary the registration has not yet been submitted. Mr Kennedy confirmed that since the beginning of November 2014 the second dental chair on the ground floor of the practice has been in operation providing NHS dental care and treatment only. Mr Kennedy is aware that a variation to registration application must be submitted and approved prior to private dental care and treatment being provided in the second dental surgery.

Mr Kennedy is supported in the practice by an associate dentist, a practice manager, and a team of dental nurses and reception staff.

Mr Kennedy has been the registered provider and manager of Railway Dental Care since initial registration with RQIA on the 4 March 2013.

The establishment's statement of purpose outlines the range of services provided.

This practice is registered as an independent hospital (IH) providing dental treatment (DT).

7.0 Summary of Inspection

This announced follow up inspection of Railway Dental Care was undertaken by Stephen O'Connor on 13 January 2015 between the hours of 10:00 and 11:10. Mr Gordon Kennedy, registered provider was available during the inspection and for verbal feedback at the conclusion of the inspection.

The purpose of this inspection was to monitor and ensure that the serious issues identified during the previous inspection, which was undertaken on 21 October 2014, have been addressed.

During the course of the inspection the inspector met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The focus of the inspection was to review the issues arising from the previous inspection. Five requirements were made during the announced inspection of 21 October 2014. A review of the requirements demonstrated that work has been undertaken to address the issues identified. Three requirements have been fully addressed. The two requirements made in relation to patient consultation and the radiation protection advisor (RPA) report have been partially addressed and recommendations have been made, during this inspection, in respect of each of these areas to achieve full compliance.

Nine recommendations were made during the inspection on 21 October 2014. A review of the recommendations demonstrated that work has been undertaken to address the issues identified. Seven of the nine recommendations have been fully addressed. A three month timescale was agreed for compliance with the recommendation in regards to the ventilation system in the decontamination room, although only two months of this timescale has passed work has been scheduled to ensure compliance within the agreed timescale. This recommendation has been carried over for review during the next inspection. A recommendation was made previously to complete the Infection Prevention Society (IPS) audit tool, although Mr Kennedy confirmed that the electronic version of this audit was completed he was unable to print the results of this audit. As records confirming that the IPS audit was completed were not available for review, a recommendation has been made to address this.

At the pre-registration inspection on 10 August 2012, two dental chairs were in place; however only one dental chair was in operation and the practice was registered for one dental chair. The registered dental chair is on the first floor of the practice. Mr Kennedy confirmed that since the beginning of November 2014 the second dental chair on the ground floor of the practice has been in operation providing NHS dental care and treatment only. Additional information in this regard can be found in section 8.3.2 of this report.

Following previous inspections to this practice, information has not been returned to RQIA in a detailed and timely manner. This was discussed with Mr Kennedy who provided assurance that in the future information would be

returned to RQIA within specified timeframes. Additional information in this regard can be found in section 8.3.3 of this report.

Four recommendations, one of which is stated for the second time, were made as a result of the announced follow-up inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr Kennedy and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

8.0 Follow-up on Previous Issues

This was an announced follow-up inspection to monitor the improvements made following the previous announced inspection undertaken on 21 October 2014. The inspection focused on the previous Quality Improvement Plan and focused on the requirements and recommendations which had been made previously.

The requirements were based on The Independent Health Care Regulations (Northern Ireland) 2005 and the recommendations were based The Minimum Standards for Dental Care and Treatment 2011.

8.1.0 Previous Requirements

8.1.1 Regulation 15 (2) (b) - Logbooks should contain the following information:

- **Details of the machine and location;**
- **Commissioning report;**
- **Daily/weekly test record sheets;**
- **Annual service/validation certification;**
- **Fault history;**
- **Records to show staff have been trained in the correct use of the machine;**
- **Relevant contacts e.g. service engineer; and**
- **Periodic testing should be undertaken and recorded in keeping with HTM 01-05.**

Separate pre-printed logbooks are available for the washer disinfecter and the steam steriliser. Review of these logbooks demonstrated that they have been fully completed since the previous inspection. The steam steriliser logbook finished on the 13 December 2014 and since that time results of periodic tests have been recorded on templates. The inspector was informed that a new pre-printed logbook has been ordered for the steam steriliser.

This requirement has been addressed.

8.1.2 Regulation 19 (2) (d) Schedule 2 (2) - Ensure that an enhanced AccessNI check is received prior to new staff commencing work in the practice.

During the announced inspection undertaken on the 21 October 2014, it was established that a new member of clinical staff commenced work in the practice at the beginning of October 2014 prior to the practice having received a satisfactory AccessNI check. Review of documentation during this inspection demonstrated that a satisfactory AccessNI check has been received for the staff member identified during the previous inspection. Since the previous inspection one new clinical staff member has commenced work in the practice and the relevant AccessNI check was received prior to this staff member commencing work in the practice. Mr Kennedy is aware that a

satisfactory AccessNI check is required prior to any new staff commencing work in the practice in the future.

This requirement has been addressed.

8.1.3 Regulation 17 (1) - Introduce and maintain a system for reviewing at appropriate intervals the quality of treatment and other services provided to patients in or for the purposes of the establishment.

A report detailing the findings of the patient consultation should be generated.

Review of documentation and discussion with Mr Kennedy and staff demonstrated that since the previous inspection a patient satisfaction survey has been developed. This survey has been distributed to all patients who have attended the practice, completed surveys can be returned anonymously via a box available at reception. To date only six patient satisfaction surveys have been submitted. Mr Kennedy confirmed that he would like a larger sample of satisfaction surveys before generating a report and therefore this period of patient consultation is ongoing.

This requirement is assessed as substantially compliant. A recommendation has been made that a report detailing the findings of the patient satisfaction survey should be generated and made available to patients and other interested parties. A copy of the survey report should be retained in the practice for inspection.

8.1.4 Regulation 15 (2) (b) - Ensure all recommendations made by the RPA are implemented, signed and dated by the RPS.

A copy of the most recent RPA report should be retained in the practice for inspection.

A copy of the RPA report dated August 2012 was available in the practice; however the recommendations made in the report have not been signed and dated by the RPS confirming they have been addressed.

This requirement has been partially addressed. The unaddressed component has been stated as a recommendation.

8.1.5 Regulation 25 (4) (f) - The current fire risk assessment should be further developed to include:

- **An overall fire risk rating for the practice;**
- **Specify the location of fire detection units and emergency lighting;**
- **Identify sources of ignition, including electrical installations, and include a copy of BS7671 electrical inspection report; and**
- **Specify if doors on escape routes are fire protected to FD30S standard.**

Review of documentation demonstrated that the information specified in this recommendation has been recorded in a new document that sits alongside the original fire risk assessment.

This requirement has been addressed.

8.2. Recommendations

8.2.1 Minimum Standard 13 - Further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures.

Records must be retained for inspection.

Review of documentation and discussion with Mr Kennedy and staff demonstrated that following the previous inspection, the practice implemented monthly monitoring of hot and cold sentinel water temperatures. Records of water temperatures have been retained.

This recommendation has been addressed.

8.2.2 Minimum Standard 13 - Further develop the ventilation system in the decontamination room to include the provision of make-up air in keeping with best practice as outlined in HTM 01-05.

The timescale agreed for compliance with the recommendation was three months. One month of this timescale remains. However, since the previous inspection the practice has sought advice and guidance from representatives from Health Estates at the Department of Health and made arrangements with an electrician to install a make-up ventilation system in the decontamination room.

This recommendation has been carried over for review at the next inspection.

8.2.3 Minimum Standard 13 - Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.

The timescale agreed for compliance with the recommendation was three months. One month of this timescale remains. Review of records and discussion with Mr Kennedy demonstrated that records of Hepatitis B immunisation status are retained in the practice.

This recommendation has been addressed.

8.2.4 Minimum Standard 13 - Review the provision of cleaning equipment in accordance with the National Patient Safety Agency guidance and ensure that sufficient equipment is available to clean the different designated areas within the practice. Details of the colour coded system should also be included in the environmental cleaning policy.

Since the previous inspection additional mops and mop buckets have been purchased to clean the different designated areas within the practice in keeping with the National Patient Safety Agency.

This recommendation has been addressed.

8.2.5 Minimum Standard 13 - The dental chair in the identified surgery should be re-upholstered.

It was observed that the tear in the dental chair has been effectively sealed with an epoxy glue. Mr Kennedy confirmed that the dental chair will reupholstered in the future.

As the cover of the dental chair has been repaired this recommendation is considered to be addressed.

8.2.6 Minimum Standard 13 - In keeping with COSHH regulations individual COSHH risk assessment must be completed for the chemical products used in the practice.

Review of documentation demonstrated that a COSHH file has been established. This file contains individual COSHH risk assessments for the chemical products available in the practice and the corresponding material safety data sheets. Mr Kennedy confirmed that as and when new products are received by the practice, a risk assessment will be completed.

This recommendation has been addressed.

8.2.7 Minimum Standard 13 - Sharps containers suitable for the disposal of pharmaceutical waste must be provided.

It was observed that a sharps container suitable for the disposal of pharmaceutical waste was available in the dental surgery.

This recommendation has been addressed.

8.2.8 Minimum Standard 13 - The Secure Digital (SD) card connected to the steam steriliser must be repaired or alternative suitable arrangements established to record the cycle parameters of this machine. Records of cycle parameters must be retained for at least two years.

Mr Kennedy and staff liaised with a dental supplier to have the SD card repaired. The service engineer confirmed that the SD card was in working order, and that the issue was in relation to the computer software and how the information was being accessed by staff. The cycle parameters of the steam steriliser are recorded on the SD card and arrangements are in place to upload this information to Mr Kennedy's computer on a monthly basis. Mr Kennedy confirmed that since the previous inspection a practice computer system has been installed and that he intends to upload the correct software

to read the information recorded on the SD card to the practice computer system in the future.

This recommendation has been addressed.

8.2.9 Minimum Standard 13 - In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.

Mr Kennedy confirmed that he completed the online version of the Infection Prevention Society audit tool. However he confirmed that once completed he was unable to print the audit results.

This recommendation has been addressed. An additional recommendation has been made that the results of the Infection Prevention Society audit tool should be available in the practice for review.

8.3.1 Additional Information

8.3.2 Registration Issues

At the pre-registration inspection on 10 August 2012, two dental chairs were in place; however only one dental chair was in operation and the practice was registered for one dental chair. The registered dental chair is on the first floor of the practice. During this inspection it was established that the unregistered dental chair on the ground floor of the practice has been in operation since the beginning of November 2014. Mr Kennedy confirmed that only NHS dental care and treatment is provided in this dental surgery. Mr Kennedy confirmed that in the future he intends to provide private dental care and treatment in the second surgery. Mr Kennedy is aware that a variation to registration application in regards to an increase in registered dental chairs should be submitted to RQIA and approved prior to private dental care and treatment being provided in surgery two. Mr Kennedy is aware that should the unregistered dental chair be used to provide private dental care and treatment that this could lead to possible enforcement action being taken.

8.3.3 Documentation

The Quality Improvement Plan (QIP) from the announced inspection undertaken on the 21 October 2014 was due to be returned to RQIA by the 25 November 2014. This QIP was not returned to RQIA; however the completed QIP was made available during this inspection. The process of inspection and return of the QIP was discussed with Mr Kennedy. The inspector discussed the importance of RQIA receiving detailed information in a timely manner. The inspector discussed how this information is used and that it provides assurances that the issues identified during the inspection have been addressed and that the practice is compliant. Mr Kennedy provided assurance that in the future information would be returned to RQIA within specified timeframes.

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Kennedy as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Stephen O'Connor
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Gordon Kennedy either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

RECOMMENDATIONS					
These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	8	A report detailing the findings of the patient satisfaction survey should be generated and made available to patients and other interested parties. A copy of the survey report should be retained in the practice for inspection. Ref: 8.1.3	One	REPORT GENERATED	Three months
2	8.3	Recommendations made in the radiation protection advisor (RPA) report dated August 2012 must be signed and dated by the radiation protection supervisor (RPS) to confirm they have been addressed. Ref: 8.1.4	One	RECOMMENDATIONS SIGNED & DATED AS REQUIRED.	One month
3	13	Further develop the ventilation system in the decontamination room to include the provision of make-up air in keeping with best practice as outlined in HTM 01-05. Ref: 8.2.2	Two	VENTILATION SYSTEM FURTHER DEVELOPED.	One month
4	13	The results of the Infection Prevention Society (IPS) audit tool should be available in the practice for review. Ref: 8.2.9	One	IPS AUDIT TOOL RESULT AVAILABLE.	One month