

Announced Care Inspection Report 13 July 2018



Grosvenor Road Dental Practice

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

Address: 279 Grosvenor Road, Belfast BT12 4LL

Tel No: 028 9043 8395

Inspector: Norma Munn

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

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited Responsible Individual: Mr Mark Hamburger	Registered Manager: Ms Orla Fisher
Person in charge at the time of inspection: Ms Orla Fisher	Date manager registered: 25 August 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 4 October 2017

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 4 October 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 13 July 2018 from 10.00 to 12.00.

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 Ms Orla Fisher, registered manager; Ms Ali Rae, Portman Healthcare compliance manager; a dentist; a dental nurse; and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Fisher and Ms Rae 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 the British National Formulary (BNF). It was identified that Buccolam medication was not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) 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 by the HSCB and the BNF. Ms Fisher gave assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF. Following the inspection evidence was provided to confirm that additional quantities of Buccolam had been ordered.

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

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 October 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

One area for improvement was identified and addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

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. It was observed that the horizontal venetian blinds were dusty in one of the dental surgeries. The appropriateness of having venetian blinds in clinical areas was discussed and Ms Fisher has agreed to ensure that the blinds are kept clean and free from dust. Consideration should be given to replacing the blinds with a fabric that can be easily cleaned.

Ms Fisher confirmed that new dental chairs had recently been provided; however, she identified gaps in the floor covering at the base of the chairs. Ms Fisher confirmed that the identified flooring will be repaired or replaced in keeping with best practice guidance.

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 June 2018, evidenced that it 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 Ms Fisher and any learning identified as a result of these audits is shared with staff. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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 illuminated magnification device for the inspection of instruments following disinfection and prior to sterilisation was not positioned in keeping with best practice. Ms Fisher agreed to address this issue.

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 June 2018, evidenced that the audit had been completed in a meaningful manner.

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 two washer disinfectors, a NSK iCare Handpiece Cleaner and three steam sterilisers have been provided to meet the practice requirements. Ms Fisher advised that one of the washer disinfectors was not operational and has not been in use for some time. It was suggested that any equipment not in use should be removed from the decontamination room and the layout of the decontamination room should be reviewed to facilitate more space for the inspection of instruments. 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 three 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.

The radiation protection supervisor (RPS) was not present during the inspection. It was confirmed that the RPS works in another dental practice owned by the Portman Healthcare group which is in close proximity to this practice. Ms Fisher agreed to ensure that the RPS is made aware of the most recent changes to the legislation surrounding radiology and radiation safety. A radiation protection advisor (RPA) and a medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Ms Fisher has signed to confirm that she has reviewed the file however, there was no evidence that the RPS regularly reviews the information contained within the file to ensure that it is current. This was discussed with Ms Fisher and she has agreed to address this issue.

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 any recommendations made have been addressed.

There was no evidence to confirm that the OPG had been serviced in keeping with manufacturer’s instructions. This was discussed with Ms Fisher and an area for improvement against the standards has been made.

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

The practice 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 practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

The OPG should be serviced and maintained in keeping with manufacturer's instructions.

	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 Ms Fisher.

5.6 Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. Thirteen patients indicated that their care was safe and were either very satisfied or satisfied with this area of their care. One patient indicated that they were neither satisfied nor dissatisfied with this aspect of their care. All of the patients indicated that their care was effective, that they were treated with compassion that the service was well led and were either very satisfied or satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses were as follows:

- "Too warm!"
- "Really good."
- "Excellent practice. Staff always very helpful."
- "If front step was low would be great help for people like me with poor mobility."

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Fisher and Ms Rae 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.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 8.3 Stated: First time To be completed by: 13 August 2018	<p>The registered person shall ensure that the orthopan tomogram machine (OPG) is serviced and maintained in keeping with manufacturer's instructions.</p> <p>A copy should be forwarded to RQIA on completion.</p> <p>Ref: 5.4</p>
	<p>Response by registered person detailing the actions taken: The Servicing Certificate has been received from Henry Schein and forwarded today to Norma Munn at RQIA along with other in House items that were discussed at Inspection. 09/08/2018</p>

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



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