

Announced Care Inspection Report

19 February 2020



Harper Dental Care

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

Address: 22 North Street, Carrickfergus, BT38 7AQ

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Inspector: Carmel McKeegan

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 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 two registered places.

3.0 Service details

Organisation/Registered Provider: Harper Dental Care	Registered Manager: Mr Neil Harper
Person in charge at the time of inspection: Mr Neil Harper	Date manager registered: 08 February 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 20 December 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 20 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) Stated: First time	The registered person shall ensure that any recommendations made by the radiation protection advisor (RPA) as a result of the quality assurance check undertaken in October 2018 are addressed and confirmation recorded in the radiation protection file.	Met
	Response by registered person detailing the actions taken: Review of the report of the most recent visit by the RPA undertaken in October 2018 demonstrated that any recommendations made have been addressed.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: First time	The registered person shall ensure a cleaning schedule is in place that meets the needs of the practice and that a record of cleaning is also maintained.	Met
	Action taken as confirmed during the inspection: A cleaning schedule was in place which was seen to have been completed and up to date.	
Area for improvement 2 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that a sharps risk assessment is in place for the practice, which indicates the steps taken by any dentist to reduce the risk of sharps injuries occurring. Any areas for improvement within the risk assessment should be addressed.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Harper and review of documents confirmed that Mr Harper has completed a sharps risk assessment as outlined above. Mr Harper stated that he now uses single use safer sharps for the administration of local anaesthesia.	

5.0 Inspection findings

An announced inspection took place on 19 February 2020 from 11.00 to 12.45.

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 Mr Neil Harper, registered person, the practice manager and a dental nurse. A tour of the premises was also undertaken.

Two areas for improvement were identified against the standards. One area has been made to ensure the identified emergency medications are provided in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF). The other area for improvement was made to make good an area of damp noted in the patient toilet facility.

The findings of the inspection were provided to Mr Harper, registered person, at the conclusion of the inspection.

5.1 Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that in the main emergency medicines are retained in keeping with the BNF with the exception of Adrenaline and Buccolam medications. We found that Adrenaline medication was retained in auto-injector format; one 150 microgram dose and one 300 microgram dose was provided. We identified that a 500microgram dose required for an adult or a child over 12 years as outlined in the BNF was not provided. Mr Harper was informed that a second dose of Adrenaline to each age group must be available for administration in the event of a medical emergency, as outlined in the BNF.

We also found that Buccolam prefilled syringes were provided in 7.5mg and 5mg doses. We determined that whilst the doses provided will enable the administration of Buccolam to each of the age groups as outlined in the BNF this would necessitate partial administration of a dose should a 2.5mg dose be required. Mr Harper was referred to HSCB correspondence issued to all dental practices in September 2018 which states that part doses of this medication cannot be administered or prescribed.

A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and Adrenaline medication and the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF. An area for improvement has been made against the standards in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). Mr Harper and staff confirmed that an AED was available at the fire station within close proximity to the practice. It was confirmed that the location of the AED had been incorporated into the practice's medical emergency policy and procedure and a risk assessment had been undertaken to ensure the practice has timely access to the AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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 on 11 December 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

Buccolam and Adrenaline medications should be provided in the various doses and quantity needed as recommended by HSCB and in keeping with the BNF.

	Regulations	Standards
Areas for improvement	0	1

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.

Mr Harper confirmed that conscious sedation is not provided.

5.3 Infection prevention and control

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean and tidy. We established that Mr Harper is the only dentist working in the practice and provides dental care and treatment in the main dental surgery.

We identified the second surgery was in need of refurbishment should this surgery be intended to be operational for the provision of dental care and treatment. Mr Harper stated that the second surgery is not operational and that he intends to decommission this surgery. We advised Mr Harper to formally notify RQIA and request deregistration of the second dental surgery.

We found the patient toilet facility walls had notable evidence of damp. Mr Harper informed us that he was aware and was having difficulty sourcing appropriate maintenance personnel. An area for improvement has been made against the standards to establish the source of dampness and take appropriate measures to make good this area in a timely manner.

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 three monthly by Mr Harper evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Harper confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again during staff meetings. We advised the IPS audit is only required to be completed on a six monthly basis.

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.

We discussed the Hepatitis B vaccination status of staff currently working in the practice and found that there has not been any new staff employed since the previous inspection. Hepatitis B vaccination records were in place for current staff which had been generated by their General Practitioner (GP). Mr Harper told us that should clinical staff members be recruited in the future who are new to dentistry they would be referred to the local Occupational Health Department.

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

Establish the source of dampness in the patient's toilet facility and take appropriate measures to make good this area in a timely manner.

	Regulations	Standards
Areas for improvement	0	1

5.4 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 disinfectant and a steam steriliser, has 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

The practice has two surgeries, as previously discussed only Mr Harper's surgery is in use and only this surgery has an intra-oral x-ray machine.

Mr Harper as 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) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Harper regularly reviews the information contained within the file 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 undertaken during October 2018 demonstrated that any recommendations made have been addressed.

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

5.6 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.

There have been no complaints since the previous inspection. Discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was confirmed that records of complaints would include 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.

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.

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

5.8 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 Mr Harper and staff.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

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
Total number of areas for improvement	0	2

6.0 Quality improvement plan (QIP)

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Neil Harper, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: 26 February 2020	<p>The registered person shall ensure that all emergency medications are provided in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF).</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: 1 epifen with dosage of 500 microgram is on order along with adrenaline ampoules plus syringes and needles to use as possible back-up. Buccolam pre-filled syringes with dosage of 2.5mg is also on order to fulfil the requirements.</p>
Area for improvement 2 Ref: Standard 14.2 Stated: First time To be completed by: 19 June 2020	<p>The registered person shall establish the source of dampness in the patient toilet facility and take appropriate measures to make good this area in a timely manner.</p> <p>Ref: 5.3</p>
	<p>Response by registered person detailing the actions taken: The dampness in the patient toilet had already been noticed and we have been trying to get a workman for the past 3-4 months but no success as yet. It will be repaired but due to the prevailing circumstances now I am unable to say when this will be repaired. All I can say is it will be sometime in the future.</p>

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



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