

Announced Care Inspection Report 11 June 2018



Bupa Dental Care, Belmont Road, Belfast

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

Address: 115-117 Belmont Road, Belfast, BT4 2AD

Tel No: 028 9047 1503

Inspector: Stephen O'Connor

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 eight registered places.

The premises were initially registered as I J A McComb Ltd on 23 November 2011. The practice was sold to D E (Belmont Road) limited and registered with effect from 18 November 2015. D E (Belmont Road) limited was sold to the Oasis Dental Care group, with registration effective from 15 February 2018. The Oasis Dental Care group was purchased by Bupa Dental Care. A registration application and fee has been submitted to RQIA on behalf of Bupa Dental Care; this application is currently being processed.

3.0 Service details

Organisation/Registered Person: Bupa Dental Care Responsible Individual: Mr Andy Relf	Registered Manager: Mrs Beryl Magowan
Person in charge at the time of inspection: Mrs Beryl Magowan	Date manager registered: 15 February 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 8

4.0 Action/enforcement taken following the most recent inspection dated 02 May 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 02 May 2017

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 25 (2) (a) Stated: First time	The registered provider must ensure that fixed electrical wiring installations are inspected in keeping with legislative and best practice guidance and records retained for review.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the fixed electrical wiring installations were inspected during June 2017. The fixed electrical wiring installation inspection report included a number of recommendations to address issues identified. Records were available to confirm that the recommendations made within the inspection report have been addressed. It was confirmed that fixed electrical wiring installations will be inspected every five years.	
Area for improvement 2 Ref: Regulation 15 (2) (b) Stated: First time	The registered provider must ensure that all pressure vessels in the practice are inspected in keeping with the written scheme of examination for pressure vessels and records retained.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the air compressors have been inspected in keeping with the written scheme of examination. It was confirmed that four new steam sterilisers were installed during November 2017. Mrs Magowan provided assurances that the steam sterilisers will be inspected in keeping with the written scheme of examination when due.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) letters issued during May 2013 and November 2016.	Met
	Action taken as confirmed during the inspection: Review of emergency medicines evidenced that Buccolam pre-filled syringes were available in all four doses as recommended by the HSCB and British National Formulary.	
Area for improvement 2 Ref: Standard 14.2 Stated: First time	Arrangements should be established to ensure that the stair lift has a thorough examination in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 and records retained.	Not met
	Action taken as confirmed during the inspection: It was confirmed that the stair lift has been serviced and maintained in keeping with the manufacturer's instructions by an external organisation. Mrs Magowan confirmed that she made enquiries with the external organisation to ascertain if the stair lift was subject to a thorough examination when being serviced and maintained. Following these enquiries the external organisation issued a letter. Following this inspection the letter issued by the external organisation was reviewed by Mr Phil Cunningham, senior inspector, RQIA estates team. Mr Cunningham advised that although the letter confirmed that the stair lift had been serviced and maintained it did not specify that the stair lift had a thorough examination in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999. As no records were available to confirm this area for improvement has been met, it has been stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>A review of the fire and legionella risk assessments should be undertaken and robust arrangements established to review the risk assessments on an annual basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Mrs Magowan confirmed that Bupa Dental Care has appointed a facilities management company to undertake these risk assessments.</p> <p>Review of records evidenced that a legionella risk assessment was completed during June 2017. The legionella risk assessment included a number of recommendations to address issues identified. Records were available to confirm that the recommendations made within the legionella risk assessment have been addressed. Legionella control measures were in place.</p> <p>Review of records evidenced that the fire risk assessment was updated during April 2018. The fire risk assessment included a number of recommendations to address issues identified. Mrs Magowan confirmed that works to address the recommendations made within the fire risk assessment are ongoing. Routine checks are undertaken in respect of the fire detection system.</p> <p>Mrs Magowan confirmed that arrangements are in place to review the fire and legionella risk assessments.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p>	<p>Any adverse incidents should be reported to RQIA in keeping with legislation and best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the accident/incident book evidenced that no adverse incidents that would be notifiable to RQIA have occurred since the previous inspection. The RQIA statutory notification guidance document was on display in the main office. Mrs Magowan provided assurances that all notifiable events will be reported to RQIA in keeping with the guidance document.</p>	<p>Met</p>

5.0 Inspection findings

An announced inspection took place on 11 June 2018 from 09:50 to 12:05.

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 Beryl Magowan, registered manager, the practice manager, a registered dental nurse who is the practice co-ordinator and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Magowan, 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.

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 June 2018. Five staff were unable to attend this training as they were on annual leave. Mrs Magowan has provided assurances that these staff will undertake medical emergency refresher training in another Bupa Dental Care practice at the first opportunity available.

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.

Bupa Dental Care, Belmont Road, Belfast does not currently offer conscious sedation. Mrs Magowan confirmed that intravenous sedation may be available in the practice in the near future. A discussion took place in regards to the arrangements in respect of intravenous sedation to include staff training and the availability of medicines.

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 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 were 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 May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Magowan confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

The audits are usually carried out by Mrs Magowan, who confirmed that the findings of the IPS audit are discussed with staff at staff meetings. 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. Mrs Magowan confirmed that the Bupa Dental Care group has an online training portal which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC) to include infection prevention and control. A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes. All staff have access to this training portal and the courses undertaken are reviewed and discussed during staff appraisals.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was not in place for the dentists that do not use safer sharps. An area for improvement against the standards has been made to address this.

It was confirmed that all eight dental chairs have an independent bottled water system and that a commercially available biocide is used to disinfect the dental unit water lines (DUWL's). Staff confirmed that the bottles are removed at the end of the day, rinsed, inverted and left to dry overnight. It was advised that the manufacturer's instructions for the biocide used should be reviewed to ensure the correct procedure in relation to the bottles is followed. Mrs Magowan readily agreed to do this.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given 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

Review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.

	Regulations	Standards
Areas for improvement	0	1

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 May 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 two washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. As discussed, all four steam sterilisers were installed during November 2017, assurances have been provided that they will be inspected in keeping with the written scheme of examination when due.

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 eight surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine which is located in a separate room.

The radiation protection supervisor (RPS) for the practice was on annual leave. Mrs Magowan provided assurances that the RPS was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that a new radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed following the previous inspection.

A dedicated radiation protection file containing all relevant information was in place. The RPS 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, in respect of intra-oral x-ray machines. A review of the report of the most recent visit by the RPA during May 2017 in relation to the intra-oral x-ray machines evidenced that recommendations made have been addressed. The CBCT machine should have a quality assurance check by the appointed RPA on an annual basis. The most recent report for the CBCT machine was dated 23 November 2016. Mrs Magowan confirmed that this RPA report has been forwarded to the newly appointed RPA for information so that a date can be scheduled to undertake the annual quality assurance check. An area for improvement against the standards has been made to address this.

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 RPS for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

A quality assurance check in respect of the CBCT machine should be undertaken by the appointed RPA. Any recommendations made within the RPA report should be actioned.

	Regulations	Standards
Areas for improvement	0	1

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 Magowan.

Discussion with Ms Magowan and staff and review of information evidenced that the equality data collected was managed in line with best practice.

5.6 Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All 12 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 of the patients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted questionnaires.

Three staff submitted questionnaire responses to RQIA. All three staff indicated that they felt patient care was safe and effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were either satisfied or very satisfied with each of these areas of patient care.

One comment included in the submitted questionnaire responses is as follows:

- “A busy practice but has patients interests at heart.”

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	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 Beryl Magowan, registered manager, 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 14.2 Stated: Second time To be completed by: 06 August 2018	<p>Arrangements should be established to ensure that the stair lift has a thorough examination in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 and records retained.</p> <p>Ref: 4.1</p> <p>Response by registered person detailing the actions taken: A new letter was obtained from the stairlift company that indicates that the stairlift has been inspected, a full warranty service carried out on the 12th June 2018 as part of the yearly maintenance requirement. No parts were required. The stairlift was tested , in safe working order and returned to service. I have emailed a copy of this letter to the inspector to find out if it is sufficient.</p>
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 06 August 2018	<p>The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: All dentists that are not using safer sharps have been tasked to do a sharps risk assessment. All staff have also recently revisited the Sharps training video /manual on the company intranet.</p>
Area for improvement 3 Ref: Standard 8.3 Stated: First time To be completed by: 06 August 2018	<p>The registered person shall ensure that the appointed radiation protection advisor undertakes a quality assurance check on the cone beam computed tomography (CBCT) machine. Any recommendations made within the report should be actioned. A copy of the report should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <p>Ref: 5.4</p> <p>Response by registered person detailing the actions taken: IRS have been contacted and an equipment survey has been arranged for the week beginning 13/8/2018.</p>

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



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