

# Announced Care Inspection Report 17 July 2019



## 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](http://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 eight registered places.

D E (Belmont Road) limited was purchased by Bupa Dental Care limited during 2018. Bupa Dental Care is the parent company for 20 dental practices registered with RQIA, a further two dental practices are in the registration process.

Ms Zara Doyle is the responsible person for all of the dental practices operated by Bupa Dental Care limited.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> D E (Belmont Road) Limited  <b>Responsible Person:</b> Ms Zara Doyle	<b>Registered Manager:</b> Mr Brendan McCaul
<b>Person in charge at the time of inspection:</b> Mr Brendan McCaul	<b>Date manager registered:</b> 18 December 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 8

## 4.0 Action/enforcement taken following the most recent inspection dated 11 June 2018

The most recent inspection of Bupa Dental Care, Belmont Road, Belfast 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 11 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 14.2  <b>Stated:</b> Second 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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that the stair lift was subject to a thorough examination in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 on 17 June 2019. Mr McCaul confirmed that a service level agreement is in place to ensure the stair lift is subject to a thorough examination every six months.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that safer sharps are available in the practice and used by all dentists. Mr McCaul was advised that should a dentist revert to using conventional needles and syringes to administer local anaesthetic following clinical assessment they must have an individualised risk assessment in place.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the appointed radiation protection advisor (RPA) 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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that the CBCT had a quality assurance check by the appointed RPA on 22 August 2018. Mr McCaul confirmed that arrangements are in place for the CBCT to have an annual quality assurance check by the appointed RPA. Mr McCaul also confirmed that the CBCT is only used to take pan-orals and that it is not used to take computed tomography (CT) scans.</p>	
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## 5.0 Inspection findings

An announced inspection took place on 17 July 2019 from 09:50 to 12:50.

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 Brendan McCaul, registered manager, Mrs Leanne Kerrigan, oversight and monitoring lead for Bupa Dental Care, an associate dentist who is the radiation protection supervisor (RPS) for the practice and the lead dental nurse.

One area for improvement against the standards has been made to ensure all relevant information in respect of incidents/accidents is documented.

The findings of the inspection were provided to Mr McCaul and Mrs Kerrigan 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 in keeping with best practice guidance. The most recent occasion staff completed in house practical medical emergency refresher training was during May 2019.

It was confirmed that Bupa Dental Care have an e-learning platform and that annual medical emergency training using the e-learning platform is mandatory for all staff. In addition medical emergency scenario training is undertaken every six months. Staff are not aware of the date the scenario training will take place; staff are expected treat the scenario training as if it was a real medical emergency. As medical emergency refresher training should be completed annually in keeping with best practice guidance, the medical emergency training programme in this practice exceeds best practice guidance and is commended.

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

**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 McCaul confirmed that conscious sedation is not provided in Bupa Dental Care, Belmont Road, Belfast.

**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 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 February 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr McCaul confirmed that should the IPS audit identify areas that require to be improved an action plan would be generated. Mr McCaul also confirmed that any learning identified as a result of the IPS audit would be shared with staff at the time and discussed during the next scheduled staff meeting.

The most recent IPS audit was undertaken by Mr McCaul and the practice co-ordinator. Mr McCaul confirmed that going forward completion of the IPS audit will be co-ordinated by the lead dental nurse and that all dental nurses will contribute to the audit on a rotational basis. This will ensure shared ownership of IPC.

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. It was confirmed that IPC is a mandatory course that all staff must complete annually using the e-learning platform.

The DoH has a service level agreement with occupational health (OH) departments to provide a range of OH services to include health clearance and blood borne virus testing in accordance with DoH guidance for dental practices. Review of the staff register identified a number of new clinical staff recruited during 2018 and 2019. Review of personnel records in relation to three of these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had either been generated by the staff member's GP or by an OH department. It was confirmed that the newly recruited staff members had not been automatically referred to OH. Mr McCaul and Mrs Kerrigan were advised that in the future all newly recruited clinical staff members must be referred to OH.

Review of the incident/accident book demonstrated that there were nine sharps injuries since the previous inspection. It was confirmed that following a sharps injury a sharps injury risk assessment and a significant event/incident reporting form are completed and submitted to BUPA head office. On some occasions the level of detail recorded in relation to the sharps injuries was lacking. It was not always recorded if the sharp that caused the injury was clean or dirty, if OH had been contacted for advice, or when a breach in procedure had been identified that an investigation had been carried out. There was no register of incidents retained. It was advised that the development of an incident register would facilitate audit of incidents for the purposes of trend analysis. An area for improvement against the standards has been made in relation documenting all relevant information in respect of incidents/accidents.

### **Areas of good practice**

A review of the current arrangements evidenced that in the main standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, and ensuring staff have the knowledge and skills to ensure standards are maintained.

**Areas for improvement**

All relevant information in respect of incidents must be documented.

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>1</b>

**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. It was confirmed that there is always a dental nurse rostered to work in the decontamination room.

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 two washer disinfectors and four steam sterilisers 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.

Mr McCaul and the lead dental nurse discussed the environmental temperature in the decontamination room and queried if an air conditioning unit could be installed in the room. They were informed that advice and guidance in this regard should be sought from a representative of the Sustainable Development Engineering Branch (SDEB) of the DoH. Following the inspection contact information for SDEB was forwarded to Mr McCaul.

**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 eight surgeries, each of which has an intra-oral x-ray machine. In addition there is a CBCT machine which is located in a separate room.

The RPS was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that a RPA and medical physics expert (MPE) have been appointed.

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 the intra-oral x-ray machine and annual quality assurance check in respect of the CBCT. A review of the reports of the most recent visit by the RPA 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.

All dentists take 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. It was confirmed that complaints handling training is an annual mandatory course that all staff must complete on the elearning platform.

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. It was confirmed that all records in relation to complaints are uploaded to an online data base which is monitored by the corporate complaints department. It was suggested that the development of a complaints register to be retained in the practice would facilitate audit of complaints for the purposes of trend analysis.

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

As discussed, D E (Belmont Road) limited is operated by Bupa Dental Care; Ms Zara Doyle is the responsible person for Bupa Dental Care. As this practice is operated by a limited company, the responsible person or their nominated representative is required to undertake unannounced quality monitoring visits in accordance with regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Review of the most recent regulation 26 unannounced quality monitoring report completed by Ms Doyle on 3 July 2019 evidenced that the report lacked detail. The duration of the visit or the details of staff spoken with were not documented, the report did not make reference to the most recent RQIA inspection. It was suggested that the template used to document regulation 26 unannounced quality monitoring visits requires further development in order to provide assurance that all aspects of the operation of the practice are in keeping with legislative and best practice guidance.

Following the inspection a model template was forwarded to Mr McCaul. If adopted, this template would need to be localised to meet the needs of Bupa Dental Care and the practice.

### Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that in the main the visits were in keeping with the legislation.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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 Mr McCaul, Mrs Kerrigan and staff.

## 5.9 Patient and staff views

Seven patients submitted questionnaire responses to RQIA. All seven 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 seven patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “Staff are very efficient and friendly, especially the receptionist.”
- “My dentist is excellent, reception staff very helpful and charming.”
- “Happy with all treatment received.”
- “Staff are great always very polite especially the reception team.”
- “Brilliant, love XXXX.”

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

## 5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

## 6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr McCaul, registered manager and Mrs Kerrigan, oversight and monitoring lead for Bupa Dental Care, 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 the area for improvement identified within the QIP is 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 area 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2019</p>	<p>The responsible person shall ensure that all relevant information in relation to incidents/accidents is document. In relation to sharps injuries the records must clearly include the following information:</p> <ul style="list-style-type: none"> <li>• information in respect of the sharp that caused the injury, i.e. was it a clean or dirty instrument/needle</li> <li>• information in respect of occupational health (OH) advice and the outcome of same</li> <li>• confirm if a breach in policies was identified and if so the subsequent actions taken to address the breach</li> </ul> <p>Ref:5.3</p> <p><b>Response by registered person detailing the actions taken:</b>                      Datix - A more robust online system of incident reporting and risk management is being introduced by Bupa Dental Care in September and will be piloted by the Belmont Road practice. The system will allow more detailed, accurate recording of incidents with associated risk stratification and trend analysis.                      The system will not allow completion of incident logging without</p>

	<p>sufficient detail of occurrence and subsequent investigation. This will include but not limited to:</p> <p>Information in respect of the sharp that caused the injury. Information in respect of occupational health (OH) advice and the outcome of the same. Confirmation if a breach in policies was identified and if so the subsequent actions taken to address the breach.</p> <p>Until the the full launch of Datix has been completed, we have created bespoke additions to both our H&amp;S incident log book and significant event incident reporting forms which prompt the reporter to in the first instance detail the sharps involved, the OH advise that has been sought and subsequent action. If a breach of policy was suspected the investigation of this will now be minuted. All findings of such incidents will be relayed to the wider team during monthly meetings and any trends identified and disucssed. These trends will also be shared with the wider area during practice manager meetings helping us better understand how and where we can make improvements that will benefit our pateints and staff.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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