

# Announced Care Inspection Report 12 September 2018



## The Dental Centre

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

Address: 315-317 Donegall Road, Belfast, BT12 6FQ

Tel No: 028 9032 8765

Inspector: Carmel McKeegan

[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 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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Jan Gilbert	<b>Registered Manager:</b> Mr Jan Gilbert
<b>Person in charge at the time of inspection:</b> Mr Jan Gilbert	<b>Date manager registered:</b> 4 October 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

## 4.0 Action/enforcement taken following the most recent inspection dated 30 November 2017

The most recent inspection of The Dental Centre 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 30 November 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (3) (b) <b>Stated:</b> First time	The registered person shall ensure that recruitment records are available for inspection.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with Mr Gilbert confirmed that two staff had commenced employment since the previous inspection. Recruitment records were available for inspection.</p> <p>However some of the required documents were not in place, this is further discussed in section 5.5 of this report and areas for improvement against the regulations and standards have been made to address these matters.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> Ref: Standard 11 Stated: Second time</p>	<p>The registered person shall ensure that a formal system should be implemented for appraising staff performance at least on an annual basis.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of records confirmed that staff appraisals have been undertaken.</p>	<b>Met</b>
<p><b>Area for improvement 2</b> Ref: Standard 15.3 Stated: Second time</p>	<p>The registered person shall ensure that arrangements be established to ensure that Mr Gilbert and staff undertake safeguarding training appropriate to their role and refresher training every two years.</p> <p>A record of training should be retained and available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of training records confirmed that Mr Gilbert and staff had completed safeguarding training appropriate to their roles.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> Ref: Standard 14.2 Stated: First time</p>	<p>The registered person shall ensure that a validated fire risk assessment is undertaken by a competent person. Appropriate action should be undertaken to address the findings of the fire risk assessment, and a record should be maintained to verify the fire risk assessment is reviewed at least on annual basis.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A fire risk assessment had been undertaken on 9 January 2018; Mr Gilbert confirmed that this risk assessment will be reviewed annually.</p>	
<p><b>Area for improvement 4</b> <b>Ref: Ref: Standard 9.1</b> <b>Stated: First time</b></p>	<p>The registered person shall ensure that the complaints policy and procedure is reviewed to ensure the complaints management process is clearly outlined, and the distinct onward referral routes for private patients and NHS patients are outlined.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The complaints policy and procedure outlined the complaints management process and the distinct onward referral routes for private patients and NHS patients.</p>	

## 5.0 Inspection findings

An announced inspection took place on 12 September 2018 from 10.30 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 Gilbert, registered person, two dental nurses and a receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Gilbert 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 were retained in keeping with the British National Formulary (BNF) with the exception of the following:

- the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB)
- two Adrenaline 300microgram (mcg) auto-injectors were provided. There was no Adrenaline available in the 150mcg dose for a child aged from 6 months to 6 years or in the 500mcg dose for administration to adults or a child over 12 years as outlined in the BNF.

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

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A 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 May 2018.

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 pre-filled syringes and Adrenaline should be available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF.

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

**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 July 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified. The audits are carried out by the dental nurses on a rotational basis and the findings of the IPS audit are discussed at staff meetings.

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.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 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 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 a washer disinfector and a steam steriliser have been provided to meet the practice requirements. Equipment logbooks evidenced that in general periodic tests are undertaken and recorded in keeping with HTM 01-05. It was observed that the details of the daily automatic control test (ACT) in respect of the steam steriliser were not being recorded and a soil test had not been recorded in respect of the washer disinfector. On 19 September 2018 RQIA received an email which confirmed that the monthly soil test had been undertaken and will be recorded in the washer disinfector logbook. It was also confirmed that the result of the daily ACT has been documented in the steriliser logbook.

A review of documentation evidenced that the washer disinfector and the steriliser had last been validated on 7 April 2017. Equipment used in the decontamination process should be validated every twelve months. An area for improvement against the standards has been made in this regard.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 17 April 2018.

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

Equipment used in the decontamination process should be validated every twelve months.

	Regulations	Standards
Areas for improvement	0	1

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

Two dental surgeries are in operation in this practice, an intra-oral x-ray machine and an orthopan tomogram machine (OPG) are located in a dedicated x-ray room.

Mr Gilbert is the radiation protection supervisor (RPS) and 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 Gilbert 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 on 20 March 2017 demonstrated that recommendations made have been addressed with the exception of the routine servicing of the x-ray equipment. An area of improvement has been to address this area.

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

Mr Gilbert 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

X-ray equipment should be serviced as recommended in the report of the most recent visit by the radiation protection advisor (RPA) on 20 March 2017.

	Regulations	Standards
Areas for improvement	0	1

## 5.5 Additional areas examined

### Recruitment and selection

Discussion with Mr Gilbert confirmed that two staff members had commenced employment since the previous inspection. A review of the personnel files for these staff demonstrated that not all of the required information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

In relation to one staff member, an Access NI disclosure certificate, dated 31 March 2017, was retained. The staff member's contract recorded that they had commenced employment on 1 January 2018. Mr Gilbert stated that this staff member had previously been employed in the practice, had resigned and left on 23 November 2017. Mr Gilbert stated that given the short period of time the staff member had left the practice, he presumed that the original employment documentation would be sufficient and therefore had not completed any further checks, or updated any other recruitment documentation. Mr Gilbert was advised that as there has been a definitive break in employment the individual's re-employment should be managed as a new period of employment and as such all recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, should be sought and retained.

Mr Gilbert was advised that that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice. Mr Gilbert should retain a record of the following:

- staff name
- date the disclosure check was applied for
- date the disclosure check was issued
- the unique identification number
- the outcome of the assessment of the disclosure
- signature of the person assessing the disclosure

An area of improvement had previously been made in this regard during an announced care inspection on 19 November 2015. An area for improvement against the standards has been made in this regard.

A review of the staff register showed that this staff member commenced employment on 1 January 2018 the register did not include detail of the individual's previous period of employment in the practice. Mr Gilbert stated that he had removed the details of any staff members who were no longer employed in the practice. It was also noted that the second new staff member was not recorded on the staff register.

The staff register should contain details of name; date of birth; position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection. An area for improvement against the standards has been made in this regard.

In relation to the second staff member the following areas should be addressed;

- two written references should be provided
- the employment history should provide the dates of previous employments, detail of any gaps in employment and the reason for leaving previous employments
- confirmation that the person is physically and mentally fit to fulfil their duties
- an enhanced AccessNI check was received on 19 March 2018, however the commencement of employment on the contract of agreement was dated 01 March 2018.

Mr Gilbert was advised that an AccessNI enhanced disclosure check must be completed and the outcome recorded prior to any staff member commencing employment in the practice. In addition an AccessNI enhanced disclosure check should be completed for the identified staff member returning to the practice under a new contract of employment. An area of improvement has been made against the regulations in this regard.

Recruitment records have been discussed with Mr Gilbert during previous inspections and it is disappointing that previous compliance with the recruitment process has not been maintained. An area of improvement has been made against the regulations to ensure that all of the required information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new person commencing work in the practice.

### **Areas for improvement**

AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, with records retained as outlined.

The staff register should contain details of name; date of birth; position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection.

All recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, should be sought for any new person, prior to the commencement of employment in the practice, and records retained for inspection.

An AccessNI enhanced disclosure check must be completed and the outcome recorded prior to any staff member commencing employment in the practice.

	Regulations	Standards
Areas for improvement	2	2

## 5.6 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 Gilbert and staff.

## 5.7 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led and 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.

## 5.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	2	5

## 6.0 Quality improvement plan

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 September 2018</p>	<p>The registered person shall ensure that all recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, are sought for any new person, prior to the commencement of employment in the practice, and records retained for inspection.</p> <p>Ref: 5.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This was already in place other than as below</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</p>	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any staff member commencing employment in the practice.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified staff member returning to the practice under a new contract of employment.</p> <p>Ref: 5.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> We are aware of this but did not understand that a three week break in employment with us would require a new Access Ni check etc. This has been subsequently fully discussed.</p>

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be completed by:</b> 12 October 2018	<p>The registered person shall ensure that Buccolam pre-filled syringes and Adrenaline are available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF.</p> <p>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This has been done.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time <b>To be completed by:</b> 12 October 2018	<p>The registered person shall ensure that equipment used in the decontamination process is validated every twelve months. A copy of the validation certificate for the washer disinfectant and the steriliser should be provided to RQIA with the returned QIP.</p> <p>Ref: 5.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This was completed 26/10/18. Documents to follow</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time <b>To be completed by:</b> 12 October 2018	<p>The registered person shall ensure that X-ray equipment is serviced as recommended in the report of the most recent visit by the radiation protection advisor (RPA) on 20 March 2017. A copy of the service report should be provided to RQIA with the returned QIP.</p> <p>Ref: 5.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Service report to follow</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be completed by:</b> 12 September 2018	<p>The registered person shall ensure that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice. A record of the following should be retained for all AccessNI checks undertaken:</p> <ul style="list-style-type: none"> <li>• staff name</li> <li>• date the disclosure check was applied for</li> <li>• date the disclosure check was issued</li> <li>• the unique identification number</li> <li>• the outcome of the assessment of the disclosure</li> <li>• signature of the person assessing the disclosure</li> </ul> <p>Ref: 5.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This has been done</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 September 2018</p>	<p>The registered person shall ensure that the staff register contains details of name; date of birth; position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection</p> <p>Ref: 5.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Understood. Records brought up to date.</p>

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



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