

Announced Variation to Registration Care Inspection Report 9 September 2016



Emma Leitch Dental Practice Limited t/a Lisbellaw Dental Practice

Type of service: Independent Hospital (IH) - Dental Treatment
Address: 8 Main Street, Lisbellaw, BT94 5ER
Tel No: 02866 387878
Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced variation to registration inspection of Emma Leitch Dental Practice Ltd t/a Lisbellaw Dental Practice took place on 09 September 2016 from 09:50 to 11:10. Mr Raymond Sayers, estates inspector, will undertake an estates inspection on 20 September 2016. The report and findings of the estates inspection will be issued under separate cover.

The practice was initially registered on 05 November 2012, under different ownership. Miss Emma Leitch purchased the practice and took over the operation of the practice on the 10 February 2015. Emma Leitch Dental Practice Ltd was registered with RQIA as an Independent Hospital providing dental treatment with effect from 05 May 2015. An application to vary the registration of the practice was submitted to RQIA by Miss Emma Leitch, registered person. The application was to increase the number of registered dental chairs from one to two.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

The variation to registration application was approved from a care perspective following this inspection.

This inspection was underpinned by 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 Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Miss Leitch, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

| | |
|---|---|
| Registered organisation/registered provider: Miss Emma Leitch | Registered manager: Miss Emma Leitch |
| Person in charge of the establishment at the time of inspection: Miss Emma Leitch | Date manager registered: 5 May 2015 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 1 increasing to 2 following inspection |

3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted variation to registration application
- discussion with Miss Emma Leitch, registered person
- discussion with staff
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 April 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 19 April 2016

| Last care inspection statutory requirements | | Validation of compliance |
|---|---|--------------------------|
| Requirement 1 Ref: Regulation 17 (5) | The registered person must ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff. | Met |

| | | |
|--|--|--|
| <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: Review of the practice incident/accident book evidenced that no incidents have occurred since the previous inspection. Miss Leitch confirmed that incident recognition and management was discussed with staff at a practice meeting and a review of minutes confirmed this. Miss Leitch provided assurances that all incidents would be recognised, recorded and reported in line with legislation, investigated and if applicable learning disseminated to appropriate staff.</p> | |
| <p>Last care inspection recommendations</p> | | <p>Validation of compliance</p> |
| <p>Recommendation 1 Ref: Standard 11.1 Stated: First time</p> | <p>A recruitment policy and procedure should be developed to detail the recruitment process. This should include the procedure in regards to the application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; two written references; employment history; Access NI check; confirmation that the person is physically and mentally fit; verification of qualifications and registration with professional bodies and a criminal conviction declaration by the applicant.</p> <p>Action taken as confirmed during the inspection: A recruitment policy had been developed. However, review of the policy evidenced that it was more in keeping with a recruitment checklist than a policy. It did not outline the recruitment procedure. On the afternoon of the inspection Miss Leitch submitted a recruitment policy to RQIA by electronic mail. Review of this policy demonstrated that it fully reflected best practice guidance.</p> | <p>Met</p> |
| <p>Recommendation 2 Ref: Standard 10.3 Stated: First time</p> | <p>A Freedom of Information Publication Scheme should be developed and implemented.</p> <p>Action taken as confirmed during the inspection: Miss Leitch confirmed that a Freedom of Information Publication scheme had been developed. However, this could not be located during the inspection. On the afternoon of the inspection Miss Leitch submitted a completed Freedom of Information Publication scheme to RQIA by electronic mail.</p> | <p>Met</p> |

4.3 Inspection findings

4.3.1 Statement of Purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

4.3.2 Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

4.3.3 Infection prevention and control/decontamination

The arrangements in regards to the newly established second dental surgery on the first floor of the practice were reviewed. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated /wipe-clean posters promoting hand hygiene were on display.

Miss Leitch confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be appropriately managed.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Miss Leitch confirmed that the practice has purchased additional dental instruments to meet the demands of the second dental surgery once it is operational.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.

Appropriate equipment, including a washer disinfectant and one steam steriliser have been provided to meet the practice requirements. Miss Leitch confirmed that the decontamination equipment will be sufficient to meet the demands of two operational surgeries.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during March 2016.

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

4.3.4 Environment

A tour of the premises was undertaken, including the newly established second dental surgery. The premises were maintained to a good standard of maintenance and décor. As discussed previously an estates inspection will be undertaken on 20 September 2016, and issues identified, by the estates inspector, will be addressed under separate cover.

4.3.5 Radiology

A new intra-oral x-ray machine has been installed in the new surgery. Miss Leitch confirmed that as this machine is new it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

Miss Leitch confirmed that the practice has recently appointed a new radiation protection advisor (RPA). A critical examination of the new intra-oral x-ray machine and the existing intra-oral x-ray machine in surgery one had been undertaken by the RPA on 31 August 2016. The RPA report had been received by the practice on the day prior to the inspection and Miss Leitch confirmed that recommendations made within the report will be actioned and records will be retained to confirm this.

A copy of the local rules was on display in the new surgery and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Review of the radiation protection file and discussion with staff evidenced that all measures are taken to optimise dose exposure. This includes audits of x-ray quality and direct digital x-ray processing.

Miss Leitch is the radiation protection supervisor (RPS) for the practice. Review of documentation demonstrated that all x-rays are graded for quality and audits of x-ray quality and justification and clinical evaluation recording are completed in keeping with legislative and best practice guidance.

4.3.6 Recruitment of staff

Miss Leitch confirmed that an associate dentist had recently commenced work in the practice and that there was capacity within the existing staffing complement to provide dental nurses in both surgeries.

Review of the staff personnel file of the new associate dentist evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

4.3.7 Conclusion

The variation to the registration in regards to the increase in dental chairs from one to two was approved, by the care inspector, following this inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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