Announced Care Inspection Report
19 June 2018

Clear Dental Bangor

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 4 Hamilton Road, Bangor BT20 4LE
Tel No: 028 9127 0056
Inspector: Norma Munn

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 four registered places.

3.0 Service details

Organisation/Registered Provider: Clear Dental Care (NI) Limited **Responsible Individual:** Mr Mark Tosh	**Registered Manager:** Ms Nichola Cunningham
Person in charge at the time of inspection: Ms Nichola Cunningham	**Date manager registered:** 25 July 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Action/enforcement taken following the most recent inspection dated 15 May 2017

The most recent inspection of the practice 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 15 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 26 **Stated:** First time	Mr Tosh or a nominated representative must undertake a visit to the practice on at least a six monthly basis and generate a report detailing the main findings of their quality monitoring visit. The report must include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated.	**Partially Met**

	Action taken as confirmed during the inspection: Discussion with Ms Cunningham and a review of the most recent quality monitoring report undertaken during June 2018 evidenced that Mr Mark Tosh undertakes a visit to the practice on at least a six monthly basis and generates a report. However, the content of the report was insufficient and did not reflect that all areas within the practice had been reviewed. Details of a recent accident that had occurred, and details of the action taken in respect of the previous Quality Improvement Plan (QIP) were not provided. This area for improvement has not been fully addressed. As a result of the issues identified during this inspection, a separate area for improvement against the regulations has been made to review and improve the monitoring report in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time	Training on the safeguarding of adults and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011) in accordance with best practice guidance.	**Met**
	Action taken as confirmed during the inspection: A review of training records evidenced that safeguarding training had taken place during February 2018. Ms Cunningham confirmed that all staff had attended.	

Area for improvement 2 **Ref**: Standard 15.3 **Stated:** First time	Further develop the policy and procedure for safeguarding to fully reflect the regional policy documents for both adults and children.	**Met**
	Action taken as confirmed during the inspection: The policies and procedures for safeguarding adults and children reviewed did not fully reflect regional policies and best practice guidance. This was discussed with Ms Cunningham and information was provided to the practice in this regard. Following the inspection RQIA received emails on 2 July 2018 and 3 July 2018 to confirm that the policies had been further developed to fully reflect regional policies and best practice guidance.	
Area for improvement 3 **Ref**: Standard 13.4 **Stated:** First time	Ensure the relevant periodic tests are undertaken and recorded for the DAC Universal as outlined in HTM 01-05.	**Met**
	Action taken as confirmed during the inspection: A review of documentation evidenced that only a daily automatic control test (ACT) has been undertaken and recorded in respect of the DAC Universal. As this machine serves the functions of both a washer disinfector and a steriliser, the appropriate periodic tests for a washer disinfector should also be undertaken and recorded and the logbook further developed to facilitate this. This was discussed with Ms Cunningham and advice was given in this regard. On 2 July 2018 RQIA received an email to confirm that protein tests were being carried out and recorded on a weekly basis.	
Area for improvement 4 **Ref**: Standard 14.7 **Stated:** First time	Any adverse incidents should be reported to RQIA in keeping with legislation and best practice guidance.	**Met**
	Action taken as confirmed during the inspection: Ms Cunningham gave assurances that any adverse incidents involving patients will be notified to RQIA in the future.	

	It was identified that an accident involving a staff member had occurred during March 2018, and although appropriately managed, the accident had not been reported to the registered person, fully investigated or recorded in the accident/ incident book. It was advised that all accidents/incidents should be fully investigated, reported and recorded in keeping with legislation and best practice guidance. This accident is further discussed in section 5.2 and a separate area for improvement against the standards has been made.	

5.0 Inspection findings

An announced inspection took place on 19 June 2018 from 11.00 to 13.35.

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 Ms Cunningham, registered manager; one hygienist; and one dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Cunningham 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 with the exception of Adrenaline in doses suitable for over 12 years. A discussion took place in relation to the procedure for the safe administration of Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Ms Cunningham confirmed that Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. On 2 July 2018 RQIA received an email to confirm that additional doses of Adrenaline had been ordered.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the adult and child pads provided for use with the automated external defibrillator (AED) were out of date. This was discussed and Ms Cunningham agreed to replace the AED pads and include these in the checking procedure. On 2 July 2018 RQIA received an email to confirm that the adult replacement pads had been provided and the child replacement pads ordered.

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 2017 and Ms Cunningham confirmed that training has been arranged to take place during August 2018. Ms Cunningham was reminded that training should take place annually.

It was advised that provision of emergency medicines and equipment and training should be reviewed by the registered person during the six monthly unannounced monitoring visits.

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 staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Areas for improvement were identified that have been addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

No further 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 some areas of the premises, it was evident that the practice, including the clinical and the decontamination area was clean, tidy and uncluttered.

The storage of colour coded cleaning equipment was not in keeping with best practice. This was discussed with the registered manager and on 2 July 2018 RQIA received photographic evidence by email to confirm that the storage of colour coded cleaning equipment had been reviewed in keeping with best practice.

Damp areas were identified on the ceiling in one of the surgeries and a large section of wall paper was ripped and was coming away from the ceiling on the first floor landing area. On 2 July 2018 RQIA received an email to confirm that the cause of the damp area had been investigated and made good, new ceiling tiles were on order for the identified surgery and the ripped wall paper had been repaired.

It was observed that staff were not adhering to best practice in terms of the uniform policy. This was discussed with Ms Cunningham who agreed to address the issues identified with immediate effect. On 2 July 2018 RQIA received an email to confirm that Ms Cunningham had placed a copy of the uniform policy in every surgery and had spoken to staff about adhering to the policy. An area for improvement against the standards has been made in this regard.

Ms Cunningham confirmed that a sharps injury involving a member of staff had occurred and the injury was dealt with in keeping with best practice guidance; however, there was no record of the accident available for inspection. Ms Cunningham confirmed that the sharps injury had not been fully investigated or reported to the registered person. Ms Cunningham was advised that this accident should be reported to the registered person, accurately recorded contemporaneously and fully investigated to identify the cause. Any actions taken to minimise the risk of reoccurrence should also be recorded. On 2 July 2018 RQIA received an email to confirm that Ms Cunningham had reported this incident to the registered person and had forwarded a notification to RQIA. An area for improvement against the standards has been made to ensure that all incidents are reported to the registered person in a timely manner. A contemporaneous record of the incident, full investigation and record of the outcome with an action plan, where appropriate, should be retained and available for inspection.

It was identified that conventional needles and syringes had been 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 reasonably practicable'. Ms Cunningham 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. Ms Cunningham was advised that 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. On 2 July 2018 RQIA received an email to confirm that this issue had been reviewed and safer sharps were now being used in the practice.

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 2018, evidenced that the audit had not been completed in a meaningful manner. Given the issues identified during this inspection it was advised that the IPS audit should be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Any learning identified as a result of the audits should be shared with staff. An area for improvement against the standards has been made in this regard.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities. However, given the issues identified during this inspection, Ms

Cunningham was advised to ensure that all staff are made aware of their roles and responsibilities in relation to infection prevention and control in keeping with best practice guidance. Ms Cunningham has agreed to address this issue.

It was advised that infection prevention and control should be reviewed by the registered person during the six monthly unannounced monitoring visits.

Areas for improvement

All staff should adhere to best practice in terms of the uniform policy.

All incidents should be notified to the registered person in a timely manner. A contemporaneous record of the incident and full investigation and record of the outcome with an action plan, where appropriate, should be retained and available for inspection.

The IPS audit tool should be revisited to ensure that it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

Other areas for improvement were identified that have been addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

	Regulations	Standards
Areas for improvement	**0**	**3**

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.

A review of the most recent IPS audit, completed during February 2018, evidenced that the audit had not been completed in a meaningful manner. An area for improvement against the standards has been made as discussed in section 5.2.

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, a DAC Universal and three steam sterilisers, has been provided to meet the practice requirements. Ms Cunningham confirmed

that one of the sterilisers is not currently operational. It is advised that the steriliser not currently in operation is removed from the decontamination area.

The equipment currently used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, as discussed only an ACT has been undertaken and recorded in respect of the DAC Universal. As this machine serves the functions of both a washer disinfector and a steriliser, the appropriate periodic tests for a washer disinfector should also be undertaken and recorded and the logbook further developed to facilitate this. This was discussed with Ms Cunningham and advice was given in this regard. Following the inspection RQIA received an email on 2 July 2018 to confirm that protein tests were being carried out and recorded on a weekly basis.

It was advised that the periodic tests undertaken and recorded should be reviewed by the registered person during the six monthly unannounced monitoring visits.

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.

Areas for improvement

Areas for improvement were identified that have been addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

No further 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 four surgeries, each of which has an intra-oral x-ray machine.

The most recent changes to the legislation surrounding radiology and radiation safety were discussed. Ms Cunningham was unsure if the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation. It was advised that the RPS is made aware of the recent changes to the legislation surrounding radiology and radiation safety. Ms Cunningham agreed to action this.

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. Ms Cunningham was unable to confirm if the RPS regularly reviews the information contained within the file to ensure that it is current. Ms Cunningham has agreed to ensure that the RPS reviews the file accordingly.

The most recent servicing of the x-ray equipment had been carried out during 2016. It was advised that the servicing of the x-ray equipment should be carried out in keeping with the manufacturer's instructions. Following the inspection RQIA received an email on 2 July 2018 to confirm that servicing of the x-ray equipment will take place on Tuesday 10th July 2018. An area for improvement against the standards has been made.

It was advised that radiology and radiation safety should be reviewed by the registered person during the six monthly unannounced monitoring visits.

The appointed RPA completes a quality assurance check every three years. A review of the report 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.

A range of audits, including x-ray quality grading and justification and clinical evaluation recording had been undertaken.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

All x-ray equipment should be serviced and maintained in keeping with manufacturer's instructions.

	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 Ms Cunningham.

Ms Cunningham was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

5.6 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. All patients indicated that they were very satisfied with each of these areas of their care.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**4**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Cunningham, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 26 **Stated:** First time **To be completed by:** 19 August 2018	The registered person should review the quality of the information documented in the unannounced monitoring reports completed in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. The registered person should be assured that all areas within the dental practice have been reviewed in order to properly monitor the quality of the service provided in their establishment. An action plan to address any issues identified should be generated where applicable. Ref: 4.1
	Response by registered person detailing the actions taken: IN response to section 4.1 i have noted the suggestion that the unannounced inspection report should be more detailed.I am on holiday until the middle of july and will carry out nother inspection and provide a more detailed report upon my return
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 June 2018	The registered person shall ensure that all staff adhere to best practice in terms of the uniform policy. Ref: 5.2
	Response by registered person detailing the actions taken: I note you observed a member of staff not adhering to the uniform policy steps have been taken to reinforce the importance of adherence to the policy, posters have been put up and it has been addressed at a practice meeting.
Area for improvement 2 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 19 July 2018	The registered person shall ensure that all incidents are reported to them in a timely manner. A contemporaneous record of the incident, a full investigation and record of the outcome with an action plan, where appropriate, should be retained and available for inspection. Ref: 4.1 and 5.2
	Response by registered person detailing the actions taken: i Have had a discussion with the manager and reinforced the point to do as above and have records available to me when i visit.

Area for improvement 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 July 2018	The registered person shall ensure that the IPS audit tool is revisited to ensure that it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Ref: Section 5.2
	Response by registered person detailing the actions taken: I will revisit the ips audit at my next review of paperwork.
Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 19 July 2018	The registered person shall ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. Ref: 5.4
	Response by registered person detailing the actions taken: this already is on the managers governance sheets to be done. there was some confusion on the part of the manager as to what was being asked for servicing of the xray equipment was carried out on 10/07/18

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

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