

Announced Pre-Registration Care Inspection Report 20 July 2018



Maghera Dental Care

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

Address: 27 Church Street, Maghera BT46 5EA

Tel No: 028 7964 3396

Inspector: Stephen O'Connor

www.rgia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with three registered places, providing NHS and private dental care and treatment. This practice was initially registered with RQIA on 24 July 2012. The practice was sold to Maghera Dental Limited on 2 July 2018 and continues to operate under the name Maghera Dental Care.

3.0 Service details

Applicant Organisation/Registered Provider: Maghera Dental Ltd Applicant Responsible Individual: Mrs Jan Hamilton	Applicant Registered Manager: Mrs Jan Hamilton
Person in charge of the establishment at the time of inspection: Mrs Jan Hamilton	Date manager registered: Mrs Jan Hamilton - application received - "registration pending"
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Inspection summary

An announced pre-registration care inspection of Maghera Dental Care took place on 20 July 2018 from 10:00 to 13:20.

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).

The inspection sought to assess an application submitted to the Regulation and Quality Improvement Authority (RQIA) for the registration of Maghera Dental Care as an Independent Hospital providing dental treatment.

An application was also submitted for the registration of Mrs Jan Hamilton as the responsible individual and registered manager.

The practice was initially registered on 24 July 2012. The practice was purchased by Maghera Dental Ltd, who took ownership on 2 July 2018.

Areas of good practice were identified in relation to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas for improvement against the standards have been identified. One to review the use of sharps and consider the use of safer sharps and one to complete a nitrous oxide risk assessment.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

Information has been gathered throughout the registration process, the findings of the inspection have been discussed with Mrs Jan Hamilton, applicant responsible individual and areas for improvement have been identified in the inspection report. A timescale, which has been agreed with Mrs Hamilton, is specified for the submission to RQIA of a Quality Improvement Plan (QIP) addressing the identified areas for improvement. Scrutiny of this information means that registration of this dental practice is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that these areas for improvement will be addressed within the specified timescales.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the QIP were discussed with Mrs Jan Hamilton, applicant responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- application to register the practice
- application to register the registered person
- application to register the manager
- the proposed statement of purpose
- the proposed patient guide
- a selection of operational policies and procedures

During the inspection the inspector met with Mrs Jan Hamilton, applicant responsible individual and a dental nurse. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mrs Hamilton, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 8 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
Area for improvement 1 Ref: Regulation 15 (2) b Stated: First time	The registered person shall ensure that the relative analgesia (RA) equipment is serviced and maintained in keeping with manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: Mrs Hamilton confirmed that all three surgeries have piped medical gases and that the practice has two administrations machines. Review of records evidenced that one administration machine was serviced during January 2018 and Mrs Hamilton confirmed that the second administration machine has been sent to an external company for servicing. Mrs Hamilton confirmed that the RA administration machines will be serviced on an annual basis.	

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	The registered person shall ensure that the safeguarding policy/policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance. The updated policy/policies should be shared with staff.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that separate safeguarding policies for children and adults are in place. These policies were in keeping with the relevant regional guidance documents.	
Area for improvement 2 Ref: Standard 13 Stated: First time	The registered person shall address the following issues identified in relation to infection prevention and control: <ul style="list-style-type: none"> • repair or replace the identified damaged/ripped dental chair • provide pedal or sensor operated waste bins in the identified areas in keeping with HTM 01-05 	Met
	Action taken as confirmed during the inspection: It was observed that the seat of the dental chair in surgery one has been reupholstered to provide an intact surface that can be easily cleaned. It was observed that the clinical waste bin in surgery one was housed in a cupboard. This bin can be accessed using a non-touch technique. Mrs Hamilton confirmed that the same arrangement is in place in all clinical areas.	

6.3 Inspection findings

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. Mrs Hamilton is aware that this is a live document and should be reviewed and amended as and when necessary.

Patient guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs Hamilton is aware that this is a live document and should be reviewed and amended as and when necessary.

Complaints

The establishment operates a complaints policy and procedure in accordance with the DOH guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005. Staff spoken with demonstrated an understanding of complaints management.

Policies and procedures

A range of policies and procedures were in place. These policies and procedures have been localised to the practice. Policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures has been developed. Mrs Hamilton confirmed it is her intention that electronic policies and procedures will be retained as opposed to retaining hard copies. The following policies and procedures were reviewed:

- safeguarding children and adults
- recruitment and selection
- records management
- health and safety

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference. On the afternoon of the inspection the documents listed below were forwarded to Mrs Hamilton by email:

- Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016)
- Adult Safeguarding Operational Procedures - Adults at Risk of Harm and Adults in Need of Protection September 2016

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A staff register had been developed and was observed to contain the relevant information as outlined in the regulations. Mrs Hamilton is aware that the staff register is a live document and should be updated and amended as and when required.

Records

Staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality. Mrs Hamilton confirmed that it is her intention to move to electronic records only.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Information was available for patients on how to access their health records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

Qualitative treatment and other service provision

Quality assurance systems and processes were in place. These included: x-ray quality grading audits, x-ray justification and clinical evaluation audits, monthly staff meetings, annual patient satisfaction surveys, in house training and on-going audits of compliance in keeping with best practice guidance as outlined in HTM 01-05.

Mrs Hamilton confirmed that patient satisfaction questionnaires will be available for patients throughout the year and information will be collated from the returns on an annual basis.

Infection prevention and control/decontamination

Dental practices in Northern Ireland have been directed by the DOH, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. It was

confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during July 2018. Mrs Hamilton confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

Mrs Hamilton confirmed that she completed the most recent audit and the findings of the IPS audit are discussed with staff during staff meetings. Mrs Hamilton was advised that if all clinical staff contribute to the completion of the audit, this will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

A separate dedicated decontamination room has been provided in the practice. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. Discussion with staff 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 disinfecter, a DAC Universal and two steam sterilisers, have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during October 2017. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

Appropriate arrangements were in place for the management of waste, and dental unit water lines were managed in keeping with good practice.

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

There was a nominated lead with responsibility for infection control and decontamination.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

It was confirmed that the practice has appointed an external health and safety consultant to provide advice and guidance in all matters relating to health and safety. This health and safety consultant undertakes an annual inspection of the practice and produces a report detailing their

findings. Mrs Hamilton provided assurances that any recommendations made within the health and safety consultant's report would be addressed.

Mrs Hamilton confirmed that the landlord is responsible for some aspects of the environment, namely the servicing and maintenance of the passenger lift and the fire detection system. The landlord undertakes routine checks in respect of the fire detection system.

It was confirmed that a fire risk assessment specific to the practice has been undertaken in house. Mrs Hamilton is aware that the fire risk assessment should be reviewed on an annual basis and she confirmed that staff complete fire safety training annually and participate in fire evacuation drills. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment has been completed by an external organisation and water temperatures are monitored and recorded in keeping with the risk assessment.

Arrangements are in place for the annual servicing and maintenance of the oil fired central heating burner. It was confirmed that electrical equipment is subject to portable appliance testing annually and that the fixed electrical wiring installations are inspected every five years.

Review of records evidenced that the pressure vessels have been inspected in keeping with the written scheme of examination.

Emergency arrangements/management of medicines

A review of medical emergency arrangements evidenced that in the main emergency medicines were provided in keeping with the British National Formulary (BNF). It was noted that Adrenaline was available in two doses. Mrs Hamilton was advised that Adrenaline should be available in three doses and sufficient stock available to administer a second dose to the same patient, if required. Mrs Hamilton readily agreed to increase the stock of Adrenaline available. On 9 August 2018 evidence was submitted to RQIA that additional Adrenaline has been provided in keeping with the BNF.

Review of emergency equipment as recommended by the Resuscitation Council (UK) guidelines evidenced that all equipment with the exception of an automated external defibrillator (AED) was retained. Mrs Hamilton confirmed that arrangements are in place to access the AED in the medical centre located on the ground floor of the building. This AED can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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 January 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.

Inhalation sedation is available as required for patients in accordance with their assessed need. It was confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration units and that an air scavenging system has been installed. It was confirmed that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 has not been completed. This has been identified as an area for improvement against the standards.

Radiology

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been entitled by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

Mrs Hamilton was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a RPA and medical physics expert (MPE) has been appointed.

A copy of the local rules was on display near each x-ray machine 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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during October 2017 in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Areas of good practice

Areas of good practice were identified in relation to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Areas for improvement

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

A nitrous oxide risk assessment should be completed in keeping with best practice guidance.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Hamilton.

6.5 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Mrs Jan Hamilton submitted an application to RQIA to become the responsible individual of Maghera Dental Care. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was undertaken as part of the pre-registration inspection. Discussion with Mrs Hamilton evidenced that she had a clear understanding of her role and responsibilities as a registered person under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- notification of registered persons/manager absences, change of ownership to RQIA
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under health and safety legislation
- responsibilities under the Independent Health Care Regulations (Northern Ireland) 2005
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- responsibilities under the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011)

- responsibilities under The Ionising Radiations Regulations (Northern Ireland) 2017 and The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018
- staff selection and recruitment procedures
- adherence to professional codes of conduct
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Mrs Hamilton with RQIA as responsible individual and registered manager is granted.

6.6 Conclusion

Registration of this dental practice is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that the areas for improvement will be addressed within the specified timescales.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Jan Hamilton, applicant registered person, as part of the inspection process. The timescales commence from the date of inspection.

The applicant registered person 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 including possible prosecution for offences. It is the responsibility of the applicant 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2018</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>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A risk assessment has been undertaken by each dentist who does not use safer sharps. Safer sharps have been ordered so that they are readily available should the clinicians choose.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2018</p>	<p>The registered person shall ensure that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 should be completed. Any areas of improvement identified in the risk assessment should be addressed and records retained.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A Nitrous Oxide risk assessment has been carried out in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001. Some areas of improvement have been identified and are in the process of being addressed.</p>

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



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)