

Announced Pre-Registration Care Inspection Report 17 December 2019



Clear Dental Duke Street Ballymena

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

Address: 13-15 Duke Street, Ballymena, BT43 6BL

Tel No: 028 2563 9333

Inspector: Stephen O'Connor

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 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 25 January 2012 and operated under the name of S D Manson BDS & Associates Dental Surgery. The practice was sold to Clear Dental (NI) Limited on 1 November 2019 and will now operate under the name Clear Dental Duke Street Ballymena.

Clear Dental (NI) Limited is the registered provider for twelve dental practices registered with RQIA. Mr Mark Tosh is the responsible individual for Clear Dental (NI) Limited.

3.0 Service details

Applicant Organisation/Registered Provider: Clear Dental Care (NI) Limited Applicant Responsible Individual: Mr Mark Tosh	Applicant Registered Manager: Mrs Lindsay Mearns
Person in charge of the establishment at the time of inspection: Mr Mark Tosh	Date manager registered: 17 December 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Inspection summary

An announced pre-registration care inspection of Clear Dental Duke Street Ballymena took place on 17 December 2019 from 09:55 to 12:40. Cathy Glover, senior pharmacy inspector conducted a desk top review of the application to register the practice.

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 Clear Dental Duke Street Ballymena as an Independent Hospital providing dental treatment.

An application was also submitted for the registration of Mr Mark Tosh as the responsible individual and Mrs Lindsay Mearns as the registered manager.

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 and governance arrangements.

No areas for improvement were identified during the inspection.

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. Scrutiny of this information means that registration of this dental practice is granted from a care perspective.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Tosh, applicant responsible individual, Mrs Mearns, applicant registered manager and the operations lead for Clear Dental Care (NI) Limited, 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.

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 responsible individual
- application to register the manager
- the proposed statement of purpose

During the inspection the inspector met with Mr Tosh, Mrs Mearns, the operations lead for Clear Dental Care (NI) Limited and the lead decontamination 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
- conscious sedation
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to Mr Tosh, Mrs Mearns and the operations lead for Clear Dental Care (NI) Limited at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 August 2019

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 August 2019

There were no areas for improvement made as a result of the last care inspection.

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. Mr Tosh and Mrs Mearns are 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. Mr Tosh and Mrs Mearns are 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 2019) 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 an organised system for policies and procedures has been developed. 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 adults and children as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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.

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. Mr Tosh confirmed that the operations lead will support registered managers during the recruitment process. Recruitment and selection documentation is uploaded to an electronic database called sharepoint.

A staff register had been developed and was observed to contain the relevant information as outlined in the regulations. Mr Tosh and Ms Mearns are 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.

Electronic 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.

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

As discussed previously, Clear Dental Duke Street Ballymena is part of a group of 12 other dental practices operated by Clear Dental (NI) Limited. Mr Tosh confirmed that the same quality assurance systems and processes will be implemented in this practice.

Staff meetings are currently held in the practice on a regular basis, minutes of staff meetings are retained. A system is in place to ensure staff receive appraisal on an annual basis. The senior management team and registered managers meet routinely.

Mr Tosh confirmed that Clear Dental (NI) Limited strives to provide two continual professional development (CPD) days each year to meet the training needs for staff from all practices. Clear Dental (NI) Limited has specified annual mandatory training topics; staff are informed when specific training is due. Staff can access training online, Clear Dental (NI) Limited has subscribed to an online training provider on behalf of staff. Training records are uploaded to sharepoint. Registered managers can access this database and the operations lead audits training records to ensure all mandatory training is undertaken.

A number of practices operated by Clear Dental (NI) Limited are members of the British Dental Association (BDA) Good Practice Scheme and one practice is accredited with Denplan Excel. Mr Tosh confirmed that it is his intention that Clear Dental Duke Street Ballymena will make application to join the BDA Good Practice Scheme.

Arrangements are in place to review the registration status of clinical staff and professional indemnity of staff who require individual professional indemnity. These documents are uploaded to sharepoint and audited. Corporate professional indemnity and public and employer's indemnity is in place.

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 June 2019 by the lead dental nurse. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

Mr Tosh confirmed that the findings of the IPS audit are shared with staff at the time and discussed during staff meetings. It was advised that if all clinical staff contributes 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 disinfector and three steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. 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.

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

Mr Tosh confirmed that safer sharps are available for use. Conventional needles and syringes are also available for use when using safer sharps are not practicable. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Individual sharps risk assessments were in place.

Mr Tosh confirmed that records to evidence the Hepatitis B vaccination status of all clinical staff are retained and that in the future any recruited clinical staff members new to dentistry would be referred to occupational health.

Environment

The environment was maintained to a good standard of maintenance and décor. Mr Tosh confirmed that Clear Dental (NI) Limited have a facilities department. This department ensure that all relevant environmental risk assessments are undertaken and that remedial works are completed to address any recommendations made within risk assessments.

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

Arrangements are in place for maintaining the environment. Mr Tosh confirmed, on the submitted self-assessment, that the relevant risk assessments were in place.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Emergency arrangements/management of medicines

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. 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 April 2019.

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.

Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Tosh confirmed that sedation is not offered in Clear Dental Duke Street Ballymena.

Radiology

The practice has three surgeries, each of which has an intra-oral x-ray machine.

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.

Mr Tosh 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 during May 2017 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during July 2019 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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 Mr Tosh and staff.

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.

Mr Mark Tosh submitted an application to RQIA to become the responsible individual of Clear Dental Duke Street Ballymena. 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 Mr Tosh evidenced that he had a clear understanding of his role and responsibilities as a responsible individual 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 Mr Mark Tosh with RQIA as responsible individual is granted.

Clear Dental (NI) Limited was required to appoint a registered manager. An application was received in respect of Mrs Lindsay Mearns. Following submission and review of the application registration with RQIA is granted.

6.6 Conclusion

Registration of this dental practice is granted from a care perspective.

7.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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