

Announced Care Inspection Report 19 December 2018



Bupa Dental Care - Dungannon

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

Address: 42 Circular Road, Dungannon BT71 6BE

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Inspector: Emily Campbell

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 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 seven registered places.

3.0 Service details

Organisation/Registered Provider: Xeon Smiles UK Limited Responsible Individual: Ms Zara Doyle – registration pending	Registered Manager: Mrs Leanne Beggs
Person in charge of the establishment at the time of inspection: Mrs Leanne Beggs	Date manager registered: 9 July 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 7

4.0 Action/enforcement taken following the most recent inspection dated 29 March 2018

The most recent inspection of the establishment was an announced pre-registration care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 29 March 2018

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 19 (2) schedule 2 (as amended) Stated: First time	The registered person shall ensure that a criminal conviction declaration is sought and retained for all staff recruited in the future.	Met
	Action taken as confirmed during the inspection: Mrs Beggs confirmed that one new staff member had been recruited since the previous inspection. Review of the staff member's personnel file evidenced that a criminal conviction declaration had been sought and retained.	

	Obtaining a criminal conviction declaration had also been added to the practice's recruitment checklist.	
Area for improvement 2 Ref: Regulation 19 (2) schedule 2 (as amended) Stated: First time	The registered person shall ensure that the recruitment and selection policy reflects that all the required information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all staff recruited in the future.	Met
	Action taken as confirmed during the inspection: Review of the recruitment and selection policy evidenced that all the required information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was included as information to be sought and retained within the recruitment process.	

5.0 Inspection findings

An announced inspection took place on 19 December 2018 from 9:40 to 11:55.

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 Mrs Leanne Beggs, registered manager, Mrs Leanne Kerrigan, clinical support lead Bupa Dental Care, an associate dentist and three dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Beggs and Mrs Kerrigan 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.

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

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. Records evidenced that all staff had completed medical emergency refresher training in July or October 2018. In addition, a medical emergency role play is conducted every two months during the staff meeting.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No 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 decontamination areas were clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

The audits are carried out by Mrs Beggs and staff confirmed that any learning identified as a result of these audits is shared with them. It was suggested that all clinical staff could 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.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

It was agreed that the frequency that mop heads were renewed would be reviewed.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments, with the exception of the position of the illuminated magnification device. This was suitably repositioned during the inspection.

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.

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 two steam sterilisers, has been provided to meet the practice requirements. The DAC Universal was not in situ during the inspection having been sent for repair. The equipment used in the decontamination process had been validated, with the exception of a non-vacuum steriliser which was serviced as opposed to validated in June 2018. An area for improvement against the regulations was made to address this and submit a copy of the validation certificate to RQIA.

Pressure vessels had been inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

The non-vacuum steriliser should be validated and a copy of the validation certificate submitted to RQIA.

	Regulations	Standards
Areas for improvement	1	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has seven 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, however, this has been decommissioned and is not in use.

Mrs Beggs was aware of the most recent changes to the legislation surrounding radiology and radiation safety. A radiation protection advisor (RPA) has been appointed and Mrs Kerrigan confirmed that the RPA has also been appointed as the medical physics expert (MPE). However, there was no documentary evidence to confirm this. An area for improvement against the standards has been made in this regard.

A dedicated radiation protection file containing all relevant information was in place. The radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed. A critical examination had also been undertaken in November 2017 in respect of a newly installed intra-oral x-ray unit.

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

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

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

Areas for improvement

Documentary confirmation that a MPE has been appointed should be obtained and retained in the radiation protection file.

	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 Mrs Beggs and staff.

5.6 Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. All indicated that they were satisfied or very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were submitted in questionnaire responses:

- “I am very satisfied with the care and attention received at this practice.”
- “All aspects of treatment are discussed fully and clearly by dentist.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Leanne Beggs, registered manager, and Mrs Leanne Kerrigan, clinical support lead Bupa Dental Care, 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 15 (2) (b) Stated: First time To be completed by: 19 February 2019	The registered person shall ensure that the non-vacuum steriliser is validated and a copy of the validation certificate submitted to RQIA. Ref: 5.3 Response by registered person detailing the actions taken: Validation carried out on the 2 nd Jan 19 and the certificate has been sent on to RQIA.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 8.3 Stated: First time To be completed by: 19 January 2019	The registered person shall ensure that documentary confirmation of the appointment a medical physics expert (MPE) is obtained and a copy retained in the radiation protection file. Ref: 5.4 Response by registered person detailing the actions taken: This has now been confirmed and has been added to our radiation protection file.

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



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