

# Announced Care Inspection Report 18 October 2018



## Bangor Orthodontics

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

**Address: 2 Bingham Lane, Bangor BT20 5DR**

**Tel No: 028 9127 1026**

**Inspector: Norma Munn**

[www.rqia.org.uk](http://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 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 five registered places providing a specialised orthodontics service.

## 3.0 Service details

<b>Organisation/Registered Providers:</b> Mr Conor Armstrong Mr Peter Turner Ms Judith Finlay	<b>Registered Manager:</b> Mr Conor Armstrong
<b>Person in charge at the time of inspection:</b> Mr Conor Armstrong	<b>Date manager registered:</b> 18 April 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 4.0 Action/enforcement taken following the most recent inspection dated 1 February 2018

The most recent inspection of Bangor Orthodontics was an announced 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 1 February 2018**

<b>Areas for improvement from the last care inspection</b>		<b>Validation of compliance</b>
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff, who commence work in the future.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Armstrong confirmed that one new member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. There was no evidence of photographic identification, that a criminal conviction declaration had been completed or that a second reference had been sought.</p> <p>This was discussed with Mr Armstrong who explained that the member of staff was self employed and had just commenced work three weeks prior to the inspection.</p> <p>Mr Armstrong has given assurances that this information will be sought and retained for this staff member and any other staff employed in the future and this includes self-employed staff.</p> <p>This area for improvement has not been addressed and has been stated for a second time.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the RPA completes a report of the critical examination check carried out by the installer for the newly installed OPG machine prior to use.</p> <p>On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.</p> <p>Confirmation that this issue has been actioned should be provided to RQIA as a matter of urgency.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A critical examination check had been carried out by the installer for the newly installed OPG machine following the previous inspection and recommendations made by the RPA had been addressed.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that an induction is completed for any new staff recruited in the future and a record of this should be retained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>As discussed Mr Armstrong confirmed that one new member of staff had been recruited since the previous inspection. Discussion with the member of staff confirmed that he had received an induction; however a record of this had not been retained.</p> <p>Mr Armstrong has given assurances that a record of the induction for this staff member will be completed and retained.</p> <p>This area for improvement has not been fully addressed and has been stated for a second time.</p>	<p><b>Not Met</b></p>

## 5.0 Inspection findings

An announced inspection took place on 18 October 2018 from 14.00 to 16.40.

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 Mr Conor Armstrong, Mr Peter Turner and Ms Judith Finlay, registered persons; an associate dentist; two dental nurses; and two receptionists. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Armstrong 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, in the main, emergency medicines were provided in keeping with British National Formulary (BNF). It was identified that Buccolam and Adrenaline medication was not provided in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) guidance and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and Adrenaline and the various doses and quantities as recommended. Mr Turner agreed to review the supply of Buccolam and Adrenaline and following the inspection RQIA received confirmation that the supply of Adrenaline had been increased as recommended and the extra supply of Buccolam had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A 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. 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.

## 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 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 the premises, it was evident that the practice, including the clinical and decontamination areas was 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.

The most recent IPS audit was completed during May 2018 and it was confirmed that the audit had identified areas of good practice. The dental nurse confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues. The audits are usually carried out by the dental nurses and the findings of the IPS audit are discussed with staff.

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.

## 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

Two decontamination rooms, separate from patient treatment areas and dedicated to the decontamination process, were available. The decontamination rooms facilitate 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.

As discussed, the most recent IPS audit, completed during May 2018, identified areas of good practice.

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 two washer disinfectors and four steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and 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

No 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 an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Armstrong is the radiation protection supervisor (RPS). Mr Armstrong was aware of the most recent changes to the legislation surrounding radiology and radiation safety and 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. Mr Armstrong 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. The report of the most recent visit by the RPA during March 2018 was reviewed and Mr Armstrong confirmed 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.

Mr Armstrong 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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 staff.

## 5.6 Patient and staff views

Nine patients submitted questionnaire responses to RQIA. Eight patients indicated that they felt their care was safe and effective, that they were treated with compassion that the service was well led and were either satisfied or very satisfied with each of these areas of their care. One patient was satisfied that their care was safe, that they were treated with compassion and the service was well led and was undecided regarding whether care was effective.

One comment included in the submitted questionnaire responses is as follows:

- “Great care from all staff.”

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 Mr Armstrong, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 November 2018	The registered persons shall ensure that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff, who commence work in the future.  Ref:4.1
	<b>Response by registered person detailing the actions taken:</b>  All paperwork collected for new member of staff
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 November 2018	The registered persons shall ensure that an induction is completed for any new staff recruited in the future and a record of this should be retained.  Ref:4.1
	<b>Response by registered person detailing the actions taken:</b>  Induction for self-employed member of staff completed/recorded

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



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