



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 19 May 2017



M B McElholm Dental Practice

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

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Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of M B McElholm Dental Practice took place on 19 May 2017 from 10:05 to 13:20.

The focus of the inspection was to review the infection prevention and control and decontamination arrangements at the practice following information being received by RQIA, from an anonymous source. The information received alleged that the staff were not using appropriate personal protective equipment (PPE) during treatments and that reusable dental instruments were not being decontaminated between patients.

A detailed review of the infection prevention and control and decontamination arrangements evidenced that best practice and legislative requirements in regards to infection prevention and control and decontamination were being adhered to. The issues raised by the anonymous source were not substantiated. Additional information in this regard can be found in section 4.3 of this report.

The inspection also sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Maria McElholm, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing; recruitment and selection; safeguarding; management of medical emergencies; infection prevention control and decontamination; radiology and the general environment. Two recommendations have been made, one in relation to the level of training the safeguarding lead has completed and one in relation to the format of buccal Midazolam retained.

Is care effective?

Observations made, review of documentation and discussion with Ms McElholm and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms McElholm and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts;

insurance arrangements; and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Maria McElholm, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Ms Maria McElholm	Registered manager: Ms Maria McElholm
Person in charge of the practice at the time of inspection: Ms Maria McElholm	Date manager registered: 2 December 2011
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 4

3.0 Methods/processes

During the inspection the inspector met with Ms Maria McElholm, registered person; the practice manager; an associate dentist; the lead dental nurse; and a receptionist. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 October 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 October 2016

As above.

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with Ms McElholm and staff demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about

their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the staff register and discussion with Ms McElholm evidenced that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

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 Northern Ireland Medical and Dental Training Agency (NIMDTA) is scheduled to provide in house refresher training on safeguarding on 23 May 2017. Discussion with the safeguarding lead and review of records confirmed that the safeguarding Lead had completed Level 1 training in safeguarding adults. This level of training for a safeguarding Lead is not in keeping with the guidance outlined in the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). A recommendation has been made to address this.

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy 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 a copy of the regional policy document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 was available for staff reference. Following the inspection the regional documentation outlined was forwarded to the practice by email:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Operational Procedures' (September 2016)

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that the format of buccal Midazolam available was not the format recommended by the Health

and Social Care Board (HSCB). A recommendation has been made that the format of buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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.

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.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

As discussed, RQIA received information from an anonymous source in regards to infection prevention and control and decontamination arrangements at the practice. The information received alleged that the staff were not using appropriate personal protective equipment (PPE) during treatments and that reusable dental instruments were not being decontaminated between patients.

A detailed review of the infection prevention and control and decontamination arrangements evidenced that best practice and legislative requirements in regards to infection prevention and control and decontamination were being adhered to. The issues raised by the anonymous source were not substantiated.

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment observed were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies. It was observed that wallpaper has been used in some clinical areas. The use of wallpaper in clinical areas is not in keeping with best practice guidance. Ms McElholm should avoid the use of wallpaper in clinical areas during the next planned refurbishment.

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. Training records were available for inspection.

Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.

Dedicated hand washing basins are available in the dental surgeries and the decontamination room, and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were

available. Laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and in toilets.

The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Review of documentation demonstrated that the use of PPE is included in the induction programme. Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.

Discussion with staff confirmed that:

- hand hygiene is performed before donning and following the removal of disposable gloves.
- single use PPE is disposed of appropriately after each episode of patient care.
- heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary.
- eye protection for staff and patients is decontaminated after each episode.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Observation of the decontamination environment and discussion with staff demonstrated that a dirty to clean flow is in place and staff demonstrated good knowledge and understanding of this system. Adequate space is provided for dirty and clean set down areas, work surfaces were uncluttered and easy to clean, and the floor coverings were coved and sealed at the edges.

Appropriate equipment, including a washer disinfectant and four 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. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the washer disinfectant and one of the four sterilisers are fitted with data loggers, the remaining three sterilisers have internal printers fitted. Robust arrangements are in place to transfer the information on the data loggers to the practice computer system at least weekly. Review of machine printouts and the cycle parameters on the practice computer system evidenced that all five machines are in daily use and that each machine runs multiple cycles every day.

Staff demonstrated that the procedures comply with best practice for the type of equipment in use and that instruments that cannot be decontaminated immediately following use are managed appropriately.

Arrangements are in place to ensure that all reusable dental instruments are appropriately cleaned, sterilised, and stored following use in keeping with best practice as outlined HTM 01-05. It was confirmed that dental handpieces are manually cleaned prior to sterilisation. Ms McElholm has written confirmation from the handpiece manufacturer stating that the handpieces should be manually cleaned prior to sterilisation as they are not compatible with the washer disinfectant.

Following processing, some instruments are wrapped and dated with the relevant expiry date; the majority of instruments are left unwrapped and these are stored in designated storage areas on the clean side of the decontamination room. Observation and discussion with staff demonstrated that instruments are stored appropriately and a robust system is in place to ensure that stored instruments do not exceed their expiry date.

Systems are in place to ensure that new instruments are decontaminated prior to use.

Discussion with staff and a review of the arrangements demonstrated that safe procedures are in place for the transportation of instruments throughout the practice. Staff confirmed that the system ensures the segregation of contaminated instruments from clean/sterilised instruments.

Staff confirmed during discussion that they are aware of what equipment in the practice is single use and what equipment is suitable for decontamination. Staff confirmed that single use devices are only used for single-treatment episodes and disposed of following use. Ms McElholm, an associate dentist and the lead dental nurse confirmed that endodontic reamers and files are treated as single use – regardless of the manufacturer's designation.

Staff confirmed during discussion that manual cleaning is only undertaken when the manufacturer's instructions specify that the device is not compatible with an automated validated process, when the washer disinfecter is temporarily unavailable, or if instruments are visibly soiled.

Review of documentation and discussion with staff demonstrated that a procedure is in place and is followed when manual cleaning is undertaken. The procedure includes the washing and rinsing of instruments in separate sinks; dilution strength of detergents; correct water temperature; management of cleaning brushes; and that instruments are fully submerged during cleaning.

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 December 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. Staff also described the additional infection prevention and control precautions they take for patients where a potential infection risk has been identified.

Radiography

The practice has four surgeries, three of which have 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 authorised 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 and x-ray audits.

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 on 22 May 2015 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained 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.

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.

Arrangements are in place for maintaining the environment to include the routine servicing and maintenance of the oil fired central heating burner, the intruder alarm, the fire detection system and firefighting equipment. Arrangements are also in place for portable appliance testing (PAT) of electrical equipment and the inspection of fixed electrical wiring installations.

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

A fire risk assessment has been completed in house and routine checks are undertaken in respect of the emergency break glass points and emergency lighting.

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

The arrangements in respect of the management of prescription pads/forms were not reviewed. Ms McElholm should ensure 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.

Patient and staff views

As this was an unannounced inspection no patient and staff questionnaires were forwarded to the practice prior to the inspection.

Staff spoken with stated that they felt that patients are safe and protected from harm.

Areas for improvement

The safeguarding lead/champion should complete the appropriate level of adult safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy.

The format of buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Clinical records

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

The associate dentist confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

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.

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.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Hygienist services are available in the practice. A range of information leaflets and study models are available for use during discussions about oral health and hygiene. It was confirmed that samples of toothpaste are freely distributed to patients.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- waiting times
- medical histories

Communication

Ms McElholm and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held alternate weeks to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

As this was an unannounced inspection no patient and staff questionnaires were forwarded to the practice prior to the inspection.

Staff spoken with stated that they felt that patients get the right care, at the right time and with the best outcome for them.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated October 2016 demonstrated that the practice proactively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

As this was an unannounced inspection no patient and staff questionnaires were forwarded to the practice prior to the inspection.

Staff spoken with stated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Ms McElholm is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. Discussion with Ms McElholm and review of documentation evidenced that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms McElholm confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms McElholm, registered person demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and

patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

As this was an unannounced inspection no patient and staff questionnaires were forwarded to the practice prior to the inspection.

Staff spoken with stated that they felt the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Maria McElholm, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 15.3 Stated: First time To be completed by: 19 July 2017	The safeguarding lead should complete the appropriate level of adult safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016). Response by registered provider detailing the actions taken: <i>The appropriate level of training is being undertaken by the safeguarding lead, at NIMOTA, on 12th June 2017.</i>
Recommendation 2 Ref: Standard 12.4 Stated: First time To be completed by: 19 June 2017	The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) guidance issued during May 2013 and November 2016. Response by registered provider detailing the actions taken: <i>The switch-over to Buccolam pre-filled syringes has been organised.</i>



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