

# Announced Care Inspection Report

## 5 March 2019



## Peter Grimason Dental Surgery

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

**Address: 2 Castle Place, Newtownards, BT23 7JE**

**Tel no: 028 9181 2708**

**Inspector: Steven Smith**

[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 1 registered place.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Peter Grimson	<b>Registered Manager:</b> Mr Peter Grimson
<b>Person in charge at the time of inspection:</b> Mr Peter Grimson	<b>Date manager registered:</b> 8 November 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 4.0 Action/enforcement taken following the most recent inspection dated 22 February 2018

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

## 4.1 Review of areas for improvement from the last care inspection dated 22 February 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (4)  <b>Stated:</b> First time	The registered person shall ensure that the fire risk assessment undertaken during February 2017 is reviewed and any recommendations made therein are addressed within the timeframes specified. Records should be retained for inspection.	Partially met
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with Mr Grimson confirmed that some recommendations contained within the fire risk	

	<p>assessment, carried out in February 2017, have yet to be addressed.</p> <p>This area for improvement is repeated for the second time.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First	<p>The registered person shall further develop the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of documentation and discussion with Mr Grimason highlighted that the recruitment and selection policy has not been further developed to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>This area for improvement is repeated for the second time.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	<p>The registered person shall establish a staff register containing the following staff details:</p> <ul style="list-style-type: none"> <li>• name</li> <li>• date of birth</li> <li>• position</li> <li>• date of commencement of employment</li> <li>• date of leaving employment</li> <li>• details of professional qualifications and professional registration with the GDC, where applicable</li> </ul> <p>The staff register should be kept updated and be available for inspection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of documentation confirmed that a staff register had been established with the required details which were fully updated.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time	<p>The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.</p>	

		<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of training records confirmed that the registered person has ensured that all staff received training in safeguarding of children and adults commensurate with their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review and update the policies and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documents and discussion with Mr Grimason highlighted that the policy and procedures for the safeguarding of adults had been updated to fully reflect the regional policies and guidance documents.</p> <p>The policy and procedures for the safeguarding of children had not been updated to fully reflect the regional policies and guidance documents.</p> <p>This area for improvement is repeated for the second time.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall provide Buccolam pre-filled syringes in sufficient doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF).</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of emergency medicines in the surgery confirmed that the registered person had provided Buccolam pre-filled syringes in sufficient doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF).</p>	

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	<p>The registered person shall provide automated external defibrillator (AED) pads suitable for use with a child and an oropharyngeal airway size 4 as recommended by the Resuscitation Council (UK) guidelines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of medical emergency equipment in the surgery confirmed that the registered person had provided automated external defibrillator (AED) pads suitable for use with a child and an oropharyngeal airway size 4 as recommended by the Resuscitation Council (UK) guidelines.</p>	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>The registered person shall address the infection prevention and control issues identified as follows:</p> <ul style="list-style-type: none"><li>• the gaps where the worktop meets the wall in the surgery should be sealed</li><li>• the lighting pull cords in the surgery should be replaced with wipeable pull cords or removed as these are no longer required to control the lighting system.</li><li>• the alcohol gel that has exceeded the expiry date should be disposed of</li><li>• sharps boxes should be signed and dated on assembly</li><li>• the identified broken foot operated pedal should be repaired or replaced in keeping with best practice</li><li>• declutter and deep clean the flooring and the worktops in the staff room area</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Inspection of the surgery and discussion with Mr Grimason confirmed that the infection prevention and control issues identified had been fully addressed.</p>	

<b>Area for improvement 8</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>The registered person shall ensure that periodic tests in respect of the washer disinfectors are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with Mr Grimson confirmed that periodic tests in respect of the washer disinfectors are being undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.</p>	<b>Met</b>
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time	<p>The registered person shall ensure that patient satisfaction surveys to include the quality of treatment and other services provided are undertaken on at least an annual basis.</p> <p>A summary report should be collated and made available to patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with Mr Grimson confirmed that a patient satisfaction survey, including the quality of treatment and other services provided, was undertaken during June 2018.</p> <p>A summary report had been collated and made available to patients.</p>	
<b>Area for improvement 10</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time	<p>The registered person shall ensure that the complaints policy and procedure is reviewed and updated in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>The complaints policies and procedures should reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS dental care and treatment can refer to the Northern Ireland Public Services Ombudsman only; and in respect of private dental care and treatment, the Dental</p>	<b>Met</b>



	<p>Complaints Service only.</p> <p>In addition the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be included as other agencies that may be utilised within the complaints investigation at local level. The details of RQIA should also be included as a body who takes an oversight view of complaints management.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation and discussion with Mr Grimason confirmed that the complaints policy and procedure had been updated to fully include all of the required amendments.</p>	

## 5.0 Inspection findings

An announced inspection took place on 5 March 2019 from 10:00 to 13.00.

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 Grimason, registered person and three dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Grimason 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) were retained.



Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of clear face masks, in sizes 0 and 4, for use with a self-inflating bag.

Mr Grimason confirmed that emergency medicines and equipment are checked weekly. However a review of relevant documentation evidenced that emergency medicines were not individually recorded on an identified checklist to ensure that they do not exceed their expiry date.

An area for improvement against the standards has been made regarding these two issues.

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 December 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**

Ensure each item of emergency medicine and equipment is recorded on an identified checklist.

Ensure provision of clear face masks for use with a self-inflating bag in sizes 0 and 4.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	<b>0</b>	<b>1</b>

## **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 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 September 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process.

The audits are carried out collectively by all clinical staff. Discussion with Mr Grimason confirmed that any learning identified as a result of these audits is shared with staff during staff meetings.

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 confirmed that conventional needles and syringes are used by the dentist when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as reasonably practicable. Where this is not practicable, a risk assessment should be undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them. An area for improvement against the standards has been made.

### 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

Safer sharps should be used so far as is reasonably practicable. Where this is not practicable a risk assessment should be undertaken by the dentist who does not use safer sharps, and an action plan developed to address any issues identified.

	Regulations	Standards
Areas for improvement	0	1

## 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.

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 previously discussed, review of the most recent IPS audit, completed during September 2018 evidenced that the audit had been completed in a meaningful manner and had identified

areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process.

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 disinfectant and steam steriliser have 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 one surgery which has an intra-oral x-ray machine.

Mr Grimason, as the radiation protection supervisor (RPS), 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 Grimason 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 completed by the RPA during June 2018 demonstrated that

recommendations made have not been addressed. An area for improvement against the standards has been made.

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

Comply with the recommendations of the RPA report. Evidence of compliance must be made available for inspection

	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 Mr Grimason.

## 5.6 Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

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	5

## 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 Grimason, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The 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. 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 5 May 2019	The registered person shall ensure that the fire risk assessment undertaken during February 2017 is reviewed and any recommendations made therein are addressed within the timeframes specified. Records should be retained for inspection.  Ref: 4.1  <b>Response by registered person detailing the actions taken:</b> I have subsequently contacted my Fire Risk Advisor(FPA) and discussed an ammended plan of action. Steps are being taken to impliment this plan which will be completed prior to the date outlined.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b>	The registered person shall further develop the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.  Ref: 4.1  <b>Response by registered person detailing the actions taken:</b> This policy will be updated prior to the date outlined.

5 May 2019	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> Second time <b>To be completed by:</b> 5 May 2019	<p>The registered person shall review and update the policy and procedures for the safeguarding of children to fully reflect the regional policies and guidance documents.</p> <p>Ref: 4.1</p> <p><b>Response by registered person detailing the actions taken:</b> This policy will be updated prior to the date outlined.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be completed by:</b> 5 April 2019	<p>The registered person shall:</p> <ul style="list-style-type: none"> <li>• Ensure each item of emergency medicine and equipment is recorded on an identified checklist</li> <li>• Ensure provision of clear face masks in sizes 0 and 4 for use with a self-inflating bag</li> </ul> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> All items listed have been purchased and checklist provided.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time <b>To be completed by:</b> 5 May 2019	<p>The registered person shall ensure that safer sharps are used, so far as is reasonably practicable, in line with best practice guidance. Where this is not practicable a risk assessment should be undertaken and an action plan developed to address any issues identified.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b> A risk assessment was carried out following the visit and the decision not to use safer sharps taken. Amendments to our sharps policy were made.</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time <b>To be completed by:</b> 5 May 2019	<p>The registered person shall ensure that all recommendations made by the RPA are addressed and evidence retained of the action taken.</p> <p>Ref: 5.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All recommendations made by RPA 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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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