



The **Regulation** and
Quality Improvement
Authority

Portstewart Family Dental - PFD (NI) Ltd
RQIA ID: 11660
6A Lever Road
Portstewart
BT55 7EF

Inspector: Emily Campbell
Inspection ID: IN024001

Tel: 028 7083 2798

**Unannounced Care Inspection
of
Portstewart Family Dental**

29 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 January 2016 from 10.50 to 12.20.

The focus of the inspection was to review the management and governance arrangements following information being received by RQIA from an anonymous source, which may constitute a breach of regulations. The information received related to records management, infection prevention and control practices, smoking practices and staff training. Following a review of the arrangements in place some areas for improvement have been identified. The previous Quality Improvement Plan (QIP) was also reviewed. One outstanding issue needs to be addressed. Areas for improvement are set out in the QIP within this report.

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 DHSSPS Minimum Standards for Dental Care and Treatment (2011).

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 22 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 4 |

The details of the QIP within this report were discussed with the Mrs Michele King, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Portstewart Family Dental - PFD (NI) Ltd Mrs Michele King | Registered Manager: Mrs Michele King |
| Person in Charge of the Practice at the Time of Inspection: Mrs Michele King | Date Manager Registered: 15 September 2014 |
| Categories of Care: Independent Hospital (IH) – Dental Treatment | Number of Registered Dental Chairs: 2 |

Mrs King initially registered the practice with RQIA as a sole owner on 19 September 2011. Mrs King incorporated the practice and submitted a new application of registration to RQIA which was approved on 15 September 2014.

3. Inspection Focus

The focus of the inspection was to review arrangements in the practice, following information being received by RQIA from an anonymous source, which may constitute a breach of regulations. The information received related to:

- Records management
- Infection prevention and control practices
- Smoking practices
- Staff training

4. Methods/Process

- Discussion with Mrs Michelle King, registered person
- Examination of relevant records
- Observation of the environment
- Consultation with relevant staff and
- Evaluation and feedback

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 22 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 22 August 2014

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 13 Stated: Second time <i>All appropriate tests for the DAC machine have been done, the addition has only been the Protein residue test, which is done weekly. All other tests are already being done.</i> | The detail of periodic testing for the DAC Universal should be extended to include the same daily and weekly tests for a washer disinfectant. | Partially Met |
| | The daily automatic control test should be recorded in the logbook for the vacuum steriliser. | |
| | Action taken as confirmed during the inspection: Review of the vacuum steriliser logbook evidenced that the daily automatic control test is recorded. Review of the DAC Universal logbook confirmed that it had not been extended to include the periodic tests for a washer disinfectant. This recommendation has not been fully met and is now being stated as a requirement. A requirement was made that the DAC Universal logbook is further developed to include the appropriate daily and weekly periodic tests for a washer disinfectant. This should include a weekly protein residue test. | |
| Recommendation 2 Ref: Standard 13 Stated: First time | The management of blood and bodily spillages procedure should be further developed to include the dilution rate of household bleach. | Met |
| | Staff should be made aware of the dilution rate of household bleach for the management of blood and bodily spillages. Action taken as confirmed during the inspection: The practice now provides specifically produced products for the management of blood and bodily spillages as opposed to household bleach. This was reflected in the written procedure and staff spoken with demonstrated good awareness of the procedure to be followed. | |

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| Recommendation 3 Ref: Standard 13 Stated: First time | The tiled worktop splash back in the identified surgery should be removed/cladded over to ensure an impervious area which is easily cleaned. Action taken as confirmed during the inspection: Observations made evidenced that the worktop splash back in the identified surgery is impervious and easily cleaned. | Met |
| Recommendation 4 Ref: Standard 13 Stated: First time | The silicone in the overflows in the hand washing basins in surgeries should be removed and overflows blanked off using a stainless steel plate sealed with antibacterial mastic. Action taken as confirmed during the inspection: Observations made in the dental surgeries evidenced that this recommendation has been addressed. | |

5.3 Records management

As a result of information received by RQIA a review of a number of records and discussion with Mrs King and staff in relation to the management of records was undertaken.

Mrs King explained that she delegates responsibility to staff to undertake certain functions within the practice. This includes the undertaking and recording the decontamination equipment periodic tests, checking the quality of x-ray phosphor plates and fire safety tests.

A review of the decontamination logbooks and discussion with the nominated nurse, confirmed that decontamination records had been appropriately completed and there was no evidence that records were or had been falsified. The fire safety documentation and tests were not available for inspection and Mrs King confirmed that she had taken the records home to check that they were in order prior to the announced inspection scheduled for 1 March 2016. Mrs King confirmed that she had identified that not all fire safety checks had been recorded in the logbook. However, Mrs King and staff spoken with confirmed that fire drills are carried out on a regular basis.

Mrs King denied that any records within the practice are falsified either for the purposes of inspection or any other time. Staff spoken with stated that they were not aware of and had never observed anyone falsifying records in the practice.

Mrs King advised that staff personnel files were retained at her home, however, following a staff meeting, the previous week, it had been agreed that these should be retained in the practice.

Records pertaining to staff recruitment must be retained in the practice and be available for inspection.

Staff should keep their finger nails short and not wear jewellery in keeping with good infection prevention and control practice.

More attention to detail should be paid in relation to the cleaning of the toilet facility and a pedal operated waste bin should be provided.

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| Number of Requirements: | 0 | Number of Recommendations: | 4 |
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Michelle King, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

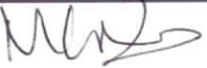

Quality Improvement Plan

Statutory Requirements

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| Requirement 1 Ref: Regulation 15 (2) Stated: First time To be Completed by: 30 January 2016 | <p>The registered person must ensure that the DAC Universal logbook is further developed to include the appropriate daily and weekly periodic tests for a washer disinfectant. This should include a weekly protein residue test.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The log book for DAC machine has been developed to include the weekly protein residue tests 30-01-16</p> |
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Recommendations

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| Recommendation 1 Ref: Standard 14.2 Stated: First time To be Completed by: 5 February 2016 | <p>Fire safety records should be retained in the practice and be available for inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All Fire Safety records are kept on site for inspection</p> |
| Recommendation 2 Ref: Standard 11.1 Stated: First time To be Completed by: 5 February 2016 | <p>Records pertaining to staff recruitment must be retained in the practice and be available for inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Due to renovations, we did not have a locked cabinet for confidential staff files. All staff files are now on site for inspection.</p> |
| Recommendation 3 Ref: Standard 13.2 Stated: First time To be Completed by: 30 January 2016 | <p>Staff finger nails should be maintained short and jewellery should not be worn in keeping with good infection prevention and control practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff have had further training on appropriate length of finger nails and no necklaces.</p> |

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| Recommendation 4 Ref: Standard 13.1 Stated: First time To be Completed by: 30 January 2016 | More attention to detail should be paid in relation to the cleaning of the toilet facility and a pedal operated waste bin should be provided. Response by Registered Person(s) Detailing the Actions Taken: Daily schedule for toilet cleaning completed and a pedal operated waste bin is in place. | | |
| Registered Manager Completing QIP |  | Date Completed | 19/2/16 |
| Registered Person Approving QIP |  | Date Approved | 19/2/16 |
| RQIA Inspector Assessing Response | | Date Approved | |

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

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| RQIA Inspector Assessing Response | Emily Campbell | Date Approved | 19.2.16 |
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