



The **Regulation** and
Quality Improvement
Authority

Roe Valley Dental Practice
RQIA ID: 11676
11 Irish Green Street
Limavady
BT49 9AA

Inspector: Emily Campbell
Inspection ID: IN022316

Tel: 028 7776 2336

**Announced Follow-up Inspection
of
Roe Valley Dental Practice**

23 July 2015

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

1.0 General Information

Name of establishment:	Roe Valley Dental Practice
Address:	11 Irish Green Street Limavady BT49 9AA
Telephone number:	028 7776 2336
Registered organisation/registered provider:	Ms Winifred McLaughlin
Registered manager:	Ms Winifred McLaughlin
Person in charge of the establishment at the time of inspection:	Ms Winifred McLaughlin
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered:(dental chairs)	1
Date and type of previous inspection:	Announced Inspection 13 April 2015
Date and time of inspection:	23 July 2015 12.10–12.30
Name of inspector:	Emily Campbell

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aim of this announced inspection was to monitor the improvements made following the announced inspection undertaken on 13 April 2015 and to determine the provider's compliance with the following:

- The HPSS (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;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

- Return of the completed Quality Improvement Plan from inspection of 13 April 2015.
- Discussion with Ms McLaughlin, registered person.
- Examination of relevant records.
- Review of the decontamination room.
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Inspection Focus

The inspection sought to establish the level of compliance with the Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment 2011.

The purpose of this inspection was to monitor and ensure that the serious concerns and issues identified during the previous inspection, which was undertaken on 13 April 2015, have been addressed. These matters specifically related to the arrangements for the decontamination of dental instruments.

6.0 Profile of Service

Roe Valley Dental Practice is a residential building located centrally in the town of Limavady. Limited on street car parking is available, however additional car parking is available within walking distance.

The establishment is a converted cottage that has been adapted and extended to provide a dental surgery, decontamination room, waiting area, toilet, office, and staff and storage facilities. The practice facilities on the ground floor are accessible for patients with a disability. However, the toilet facilities on the first floor are not.

Roe Valley Dental Practice operates one chair, providing both private and NHS dental care. Ms McLaughlin, works as a sole practitioner and is not supported by a dental nurse. Ms McLaughlin is supported in her role by reception staff. Ms McLaughlin has been the registered provider/manager since registration of the practice with RQIA in June 2011.

The establishment's statement of purpose outlines the range of services provided.

This practice is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

7.0 Summary of Inspection

This announced follow-up inspection of Roe Valley Dental Practice was undertaken by Emily Campbell on 23 July 2015 between the hours of 12.10 and 12.30. Ms McLaughlin, registered person was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the announced care inspection on 11 December 2014, concerns were raised regarding the lack of progress to address requirements and recommendations in relation to the arrangements for the decontamination of dental instruments and in particular the decontamination room environment and addressing the recommendations made as a result of the legionella risk assessment. Ms McLaughlin initially attended a serious concerns meeting at RQIA on 06 January 2015, during which she advised that she was not in a position to address these matters. Ms McLaughlin also disclosed that she was unable to address work which required to be undertaken in relation to the fixed electrical wiring installation. As a result, an estates inspection was undertaken on 09 January 2015 and a number of issues relating to health and safety were identified which required remedial actions in order to comply with relevant standards.

Further to this an intention to issue failure to comply notices meeting was held at RQIA on 22 January 2015 to discuss concerns about noncompliance with the regulations in regards to the decontamination arrangements, legionella risk management and fire safety. At this meeting, Ms McLaughlin confirmed that she was now in a position to address the issues identified and provided documentary evidence to support this. Ms McLaughlin provided a full account of the actions she planned to take to ensure the improvements necessary, to achieve full compliance with the required regulations.

On consideration of the information provided by Ms McLaughlin, RQIA decided not to serve the failure to comply notices on this occasion. However, it was agreed that RQIA would monitor progress in relation to the matters.

A follow-up estates visit was carried out to the practice by the estates inspector on 11 March 2015 when it was confirmed that good progress had been made in respect of legionella risk management and the fixed electrical wiring. The estates inspector was satisfied with the progress and plans to review the arrangements in September 2015.

During the announced care inspection on 13 April 2015, it was identified that whilst significant work has been undertaken in order to address the requirements and recommendation made in relation to the decontamination arrangements, due to matters outside Ms McLaughlin's control, they had not been addressed in full. This matter was discussed with senior management and it was agreed that a follow-up inspection will be undertaken on 15 June 2015 to verify compliance. Ms McLaughlin kept RQIA informed regarding progress of these matters throughout this process and again due to matters outside Ms McLaughlin's control, it was evident that compliance regarding the decontamination arrangements could not be achieved by 15 June 2015. As a result of this it was agreed that the follow-up care inspection would be deferred until 23 July 2015.

The purpose of this inspection was to monitor and ensure that the serious issues identified during the previous inspection, which was undertaken on 13 April 2015, have been addressed. These matters specifically relate to the arrangements for the decontamination of dental instruments.

During the course of the inspection the inspector examined a selection of records and reviewed the arrangements in the decontamination room.

Observations made and discussion with Ms McLaughlin evidenced that the three requirements and one recommendation made have been addressed. The decontamination room has been refurbished and the layout of the room is in keeping with HTM 0105, with the exception of the location of the illuminated magnification device. A recommendation was made in this regard. Equipment logbooks are in use and the appropriate periodic tests are undertaken and recorded. The washer disinfectant is not working currently and a recommendation was made that RQIA is kept informed regarding rectifying the fault.

Two recommendations were made as a result of this inspection. Findings of the inspection are detailed in the body of the report and the Quality Improvement Plan (QIP) within this report.

The inspector wishes to thank Ms McLaughlin for her helpful discussions and assistance throughout the inspection process.

8.0 Inspection Findings

This was an announced follow-up inspection to monitor the improvements made following the previous announced care inspection undertaken on 13 April 2015. The inspection focused on the previous Quality Improvement Plan and focused on the requirements and recommendations which had been specifically identified for review on 15 June 2015.

The requirements were based on The Independent Health Care Regulations (Northern Ireland) 2005 and the recommendations were based on The Minimum Standards for Dental Care and Treatment 2011.

8.1 Previous Requirements and Recommendations

Requirements for Review at Follow-Up inspection		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: Second time	<p>Establish a fully functioning decontamination room as outlined in HTM 01-05 to include the following:</p> <ul style="list-style-type: none"> the dental light fitting should be removed; the flooring should be refurbished/replaced to address the hole where the dental chair was mounted; the flooring should be sealed at the edges; damaged work tops should be replaced; the splash back above the work top should be sealed; the inside of cabinetry should be maintained clean. 	Met
	<p>Action taken as confirmed during the inspection: Observation of the decontamination room evidenced that all matters identified above have been addressed.</p> <p>It was observed that the illuminated magnification device was located prior to the area for cleaning dental instruments; this is not appropriately situated within the flow from dirty to clean in the room. A recommendation was made that the illuminated magnification device is relocated to the work surface area between the washer disinfecter and the steriliser.</p>	
Requirement 2 Ref: 25 (2) (a) (b) (c) Stated: First time	<p>The unused intra-oral x-ray unit should be removed from the decontamination room.</p> <p>The cause of damp at the window and wall of the decontamination room should be investigated and made right.</p> <p>The window sill behind and below the level of the cabinetry should be maintained clean.</p> <p>Adequate ventilation should be provided in the decontamination room including extract ventilation and the provision of make-up air, which meets HTM 01-05 and reduces the risk of damp.</p>	Met

	<p>Action taken as confirmed during the inspection: Observation of the decontamination room and discussion with Ms McLaughlin evidenced that:</p> <ul style="list-style-type: none"> the unused intra-oral x-ray unit has been removed; extract ventilation and make up air are provided and the walls have been re-skinned and painted with antibacterial paint. It is considered that these actions have addressed the issue of damp in the decontamination room. Ms McLaughlin will keep this under review. There were no signs of damp in the decontamination room on the day of the inspection; and the window sill behind and below the level of the cabinetry was clean. 	
<p>Requirement 3</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 15 June 2015</p>	<p>Periodic tests for the washer disinfectant, ultrasonic cleaner and steriliser must be undertaken and recorded in equipment logbooks in keeping with HTM 01-05.</p> <p>Decontamination equipment faults should be fixed within a reasonable timescale.</p> <p>Action taken as confirmed during the inspection: The ultrasonic cleaner has been decommissioned and is no longer in the decontamination room. Observation of the washer disinfectant and steriliser logbooks confirmed that periodic tests as outlined in HTM 01-05 have been undertaken and recorded.</p> <p>Review of the washer disinfectant logbook evidenced that it has been out of use since 1 May 2015. Ms McLaughlin advised that the service engineer has been out at the practice twice since the notification of the fault. Ms McLaughlin provided assurances that this matter is being addressed.</p> <p>A recommendation was made that RQIA should be kept informed regarding the progress in rectifying the fault in the washer disinfectant.</p>	<p>Partially Met</p>

Recommendations for Review at Follow-Up inspection		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 15 June 2015	Blank off the overflow of the hand wash basin in the decontamination room using a stainless steel plate and sealing it with anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: The overflow of the hand washing basin has been blanked off as recommended.	

9.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms McLaughlin, 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.

9.1 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.

9.2 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.

9.3 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			
Recommendations			
Recommendation 1 Ref: Standard 13 Stated: First time To be Completed by: 30 July 2015	It is recommended that the illuminated magnification device is relocated to the work surface area between the washer disinfectant and the steriliser in the decontamination room. Response by Registered Person(s) Detailing the Actions Taken: The item has been placed in the correct position		
Recommendation 2 Ref: Standard 13 Stated: First time To be Completed by: 30 July 2015	It is recommended that RQIA should be kept informed regarding the progress in rectifying the fault in the washer disinfectant. Response by Registered Person(s) Detailing the Actions Taken: Engineers visit to rectify arranged for week beginning 01/09/2015		
Registered Manager Completing QIP	WPMCL	Date Completed	25/08/2015
Registered Person Approving QIP	WPMCL	Date Approved	25/08/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	25.8.15

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