

# **Announced Care Inspection Report 04 July 2018**



## **Rosetta Dental Practice**

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

**Address: 61 Rosetta Road, Belfast, BT6 0LR**

**Tel No: 028 9049 1406**

**Inspector: Elizabeth Colgan**

[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 two registered places.

## 3.0 Service details

<b>Organisation/Registered Person:</b> Ms Alison Johnston	<b>Registered Manager:</b> Ms Alison Johnston
<b>Person in charge at the time of inspection:</b> Ms Alison Johnston	<b>Date manager registered:</b> 21 November 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

## 4.0 Action/enforcement taken following the most recent inspection dated 5 June 2017

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

### 4.1 Review of areas for improvement from the last care inspection dated 5 June 2017

There were no areas for improvement made as a result of the last care inspection.

## 5.0 Inspection findings

An announced inspection took place on 4 July 2018 from 09.55 to 11.25.

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 Ms Alison Johnston, registered person and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Johnston 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust 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 October 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 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 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 July 2018, evidenced that the audit had been completed. Audits should be undertaken in a meaningful manner to identify both areas of good practice and areas that require improvement, for example the issues relating to

nailbrushes. Ms Johnston confirmed that this issue would be raised with staff. Further reference to the IPS audit is made in section 5.3 of the report.

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.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was in place for the practice, which indicates the steps taken by individual dentists to reduce the risk of sharps injuries occurring.

### 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

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.

A review of the most recent IPS audit, completed during July 2018, evidenced that staff need to ensure that the audit is completed in a meaningful manner and identifies both areas of good practice and areas that require to be improved. Ms Johnston was advised to revisit the IPS audit to ensure that the decontamination process of reusable dental instruments is in line with best practice outlined in HTM 01-05.

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 were generally 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. In the decontamination room two nail brushes were observed one of which was very soiled. Ms Johnston confirmed that these were used to manually clean instruments prior to decontamination. Discussion with a dental nurse confirmed that there was no procedure in place for the cleaning or replacement of these brushes in accordance with manufacturer's recommended interval. HTM 01-05 indicates that a long handled brush should be used if manual scrubbing is required. An area for improvement has been against the standards to replace the nail brushes with long handled brushes which should be cleaned and replaced in accordance with manufactures instructions.

Appropriate equipment, including a washer disinfecter and two steam sterilisers have been provided to meet the practice requirements. The equipment used in the decontamination process had been validated and inspected in keeping with the written scheme of examination in May 2017. Evidence was available to indicate that this equipment was to be validated on the 27 July 2018. Equipment logbooks for the washer disinfecter evidenced that periodic tests were not undertaken and recorded in keeping with HTM 01-05. An area for improvement against the standards has been made to ensure that periodic tests are undertaken and recorded in keeping with HTM 01-05 for the washer disinfecter.

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 decontamination room separate from patient treatment areas and dedicated to the decontamination process was available.

### Areas for improvement

Nail brushes should be replaced with long handled brushes which should be cleaned and replaced in accordance with manufactures instructions.

Periodic tests for the washer disinfecter should be undertaken and recorded in keeping with HTM 01-05.

	Regulations	Standards
Areas for improvement	0	2

## 5.4 Radiology and radiation safety

### Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing all relevant information was in place. Ms Johnston as the radiation protection supervisor (RPS) regularly reviews the information contained within the file to ensure that it is current.



Ms Johnston 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.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated 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.

Ms Johnston 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 Ms Johnston.

## 5.6 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. Seventeen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Seventeen patients indicated that they were very satisfied or satisfied with each of these areas of their care. One patient was unsatisfied in all areas. Comments included in the submitted questionnaire responses are as follows:

- “Have been coming to this dentist for a long time now, find them very friendly and professional and they put me at ease.”
- “Very happy with my treatment and all staff are very friendly.”
- “I have always found the staff to be friendly, helpful and professional.”
- “Have chronic dental problems due to teeth trauma, care here has always been excellent. Am always referred for specialist treatment if needed.”

- “Lovely dentist and lovely person. All staff very kind and helpful. Children all happy to come.”
- “I have always found the staff to be really helpful when I have an emergency they are great nothing is too much trouble.”

Two staff submitted questionnaire responses to RQIA. Both indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and indicated that they were very satisfied or satisfied with each of these areas of patient care.

### 5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

### 5.8 Additional areas examined

#### Governance arrangements

Ms Johnston stated that she intends changing from a sole provider to a limited company.

Ms Johnston was informed that the proposed change of entity requires that a completed application of variation to registration is submitted to RQIA and that this application process also incurs a fee. Ms Johnston was advised to contact the RQIA registration team regarding this change.

### 6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Alison Johnston, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 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 Minimum Standards for Dental Care and Treatment (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 4 August 2018	<p>The registered person shall ensure nail brushes, provided in the decontamination room, are replaced with long handled brushes which should be cleaned and renewed in accordance with manufacturer's instructions.</p> <p>Ref: 5.3</p> <p><b>Response by registered person detailing the actions taken:</b> This was actioned immediately</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 4 August 2018	<p>The registered person shall ensure that periodic tests are undertaken and recorded in keeping with HTM 01-05 for the washer disinfectant.</p> <p>Ref: 5.3</p> <p><b>Response by registered person detailing the actions taken:</b> The tests were undertaken however the recording was erratic. This has been rectified immediately.</p>

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



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