

# Announced Care Inspection Report 31 July 2019



## Rosetta Dental Practice Ltd

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

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

**Tel No: 028 9049 1406**

**Inspector: Emily Campbell**

[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 2019/20 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
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection

## 2.0 Profile of service

This is a registered dental practice with two registered places. The practice was initially registered with RQIA on 21 November 2011. The practice incorporated in 2018 and as this represented a new entity, a new application for registration was submitted to RQIA. Registration was approved on 20 November 2018.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Rosetta Dental Practice Ltd  <b>Responsible Individual:</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> 20 November 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 04 July 2018

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 04 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> It was confirmed that long handled brushes were available in the decontamination room, however, staff continue to use nail brushes	<b>Met</b>

	<p>when manually cleaning dental instruments. Ms Johnston and staff explained that the rationale for this was in the interest of good infection prevention and control in that the nail brushes could be sterilised. It was confirmed that whilst clinicians try to ensure instruments are wiped of any residue at the chairside, for example, dental cement, on some occasions residue still remains and it is only these instruments that are manually cleaned prior to processing through the washer disinfector.</p> <p>However, best practice guidance as outlined in Health Technical Memorandum (HTM) 01-05 clearly states that long handled brushes should be used when manually cleaning dental instruments. This was discussed in detail with Ms Johnston and the practice manager and Ms Johnston confirmed by email on 13 August 2019 that only long handled brushes will be used to manually clean instruments.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that periodic tests are undertaken and recorded in keeping with HTM 01-05 for the washer disinfector.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the washer disinfector logbook evidenced that periodic tests were undertaken and recorded as outlined in HTM 01-05.</p>	<b>Met</b>

## 5.0 Inspection findings

An announced inspection took place on 31 July 2019 from 10:15 to 12:30.

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, the practice manager, who is also a dental nurse and a dental nurse. A tour of some areas 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) were retained. However, there were insufficient quantities of Buccolam pre-filled syringes and Adrenaline to ensure the administration of the various doses as recommended by the Health and Social Care Board (HSCB). Photographic evidence was submitted by Ms Johnston by email on 5 August 2019 which evidenced that additional doses of Buccolam and Adrenaline had been provided in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 February 2019.

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 and information received following the inspection, 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 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Ms Johnston confirmed that conscious sedation is not provided.

### 5.3 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, was 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.

The most recent IPS audit was completed during July 2019. The detail of the audit was not available; however, a high level of compliance was noted against each area audited in the audit summary. It was confirmed that should areas be identified that require to be improved, a time scaled action plan would be generated to achieve compliance.

The audits are carried out by the practice manager who confirmed that any learning identified as a result of these audits is shared with staff.

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.

#### 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

### 5.4 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.

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, in general, 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. As discussed previously, Ms Johnston confirmed that only long handled brushes would be used when manually cleaning dental instruments. The majority of dental handpieces in the practice are not compatible with processing through a washer disinfecter, however, some new handpieces have recently been purchased which are compatible and Ms Johnston confirmed these will be processed through the washer disinfecter.

Appropriate equipment, including a washer disinfecter and two steam sterilisers, has been provided to meet the practice requirements. One of the two sterilisers is not actively in use but is available in the event of the first steriliser breaking down. All equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the daily automatic control test (ACT) in respect of the steriliser. Ms Johnston confirmed by email on 5 August 2019, that the detail of the daily ACT is now being recorded.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.5 Radiology and radiation safety**

**Radiology and radiation safety**

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

Ms Johnston, 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. The RPS 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 by the RPA in January 2017 demonstrated that any recommendations made have been signed off as addressed by Ms Johnston.

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. The annual justification and clinical evaluation recording audits were due at the beginning of July 2019. Documentary evidence was submitted to RQIA by email on 5 August 2019 confirming that these audits had been completed on 1 August 2019.

**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.

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

**5.6 Complaints management**

There was a complaints policy and procedure in place. A minor amendment to the policy and procedure was suggested to ensure the policy is in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Ms Johnston readily agreed to address this.

Patients and/or their representatives were made aware of how to make a complaint by way of a comments/complaints leaflet displayed in the waiting area. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.



## Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Ms Johnston is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

### 5.8 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.

### 5.9 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in questionnaire responses:

- “Very friendly staff.”
- “Always treated well. Always treatment done well and explained before anything carried out. Lovely staff.”
- “All the staff work as a team to ensure that I receive the best care of my teeth. This is reflected in the number of years I have attended this practice.”
- “Always very happy with my treatment.”
- “Staff always very professional but friendly.”
- “Very good, hygienic friendly atmosphere.”
- “Can’t find fault with any of my treatment, all staff friendly, great local service.”

Three staff submitted questionnaire responses to RQIA. All indicated that they were very satisfied that patient care was safe and effective, that patients were treated with compassion and that the service was well led. The following comment was provided in a questionnaire response:

- “I feel everyone works hard in their role to make sure patients get the care they need”

**5.10 Total number of areas for improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**6.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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