

# Announced Variation to Registration Care Inspection Report 30 June 2017



## South Down Dental Clinic

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: Custom House, 22 Merchant Quay, Newry, BT35 6AH**  
**Tel No: 028 30251715**  
**Inspector: Norma Munn**

[www.rgia.org.uk](http://www.rgia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with three registered places.

**3.0 Service details**

<p><b>Organisation/Registered Providers:</b> Miss Paula McHenry Mr Andrew Linton</p>	<p><b>Registered Manager:</b> Miss Paula McHenry</p>
<p><b>Person in charge at the time of inspection:</b> Miss Paula McHenry</p>	<p><b>Date manager registered:</b> 13 June 2012</p>

<b>Categories of care:</b> Independent Hospital (IH) - Dental Treatment	<b>Number of registered places:</b> 3 increasing to 5 effective from 3 July 2017
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#### 4.0 Inspection summary

An announced variation to registration inspection of South Down Dental Clinic took place on 30 June 2017 from 13.00 to 16.50.

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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

A variation to registration application was submitted to the Regulation and Quality Improvement Authority (RQIA) by Miss Paula McHenry and Mr Andrew Linton registered persons. The application was to relocate the practice to new premises and to increase the number of registered dental chairs from three to five.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation to relocate to new premises and the provision of two additional dental chairs. Gavin Doherty, estates inspector, undertook a premises inspection on the same day. The report and findings of the premises inspection will be issued under separate cover.

There were examples of good practice found in relation to the management of medical emergencies, infection prevention and control and decontamination and the maintenance of the environment.

Areas requiring improvement were identified in relation to the recording of staff inductions and reviewing the radiology file.

The variation to registration to relocate the practice to new premises and to increase the number of registered dental chairs from three to five was approved from an estates and care perspective following this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Paula McHenry and Mr Andrew Linton, registered persons as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 27 January 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 January 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the returned QIP from the previous care inspection
- the previous care inspection report
- evaluation and feedback

During the inspection the inspector met with Miss Paula McHenry and Mr Andrew Linton, registered persons, the practice manager and a dental nurse. A tour of the new premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- statement of purpose
- patient guide
- complaints
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- the environment
- recruitment and selection

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Miss McHenry and Mr Linton, registered persons at the conclusion of the inspection.

#### **6.0 The inspection**

### 6.1 Review of areas for improvement from the most recent inspection dated 27 January 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 27 January 2017

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 11 <b>Stated:</b> First time	The recruitment policy should be further developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is included.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that the recruitment policy had been further developed since the previous inspection. The recruitment policy was reviewed and a minor amendment was made to the policy during the inspection. The amended policy included all of the documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 15 <b>Stated:</b> First time	The policies in relation to the safeguarding of children and adults at risk of harm should be further developed to reflect best practice guidance. The revised policies should be made available for staff reference.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy reviewed in relation to safeguarding children had been developed to reflect best practice guidance and was available for staff reference. However, the policy reviewed in relation to safeguarding adults at risk needed to be further developed. This was discussed and following the inspection RQIA received a copy of the reviewed policy that reflected best	

	practice guidance.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The policy for the management of medical emergencies should be further developed to include a list of all emergency equipment provided in the practice and the arrangements for checking the equipment.  Records should reflect the arrangements for checking emergency equipment in accordance with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of medical emergencies policy reviewed included a list of all emergency equipment provided in the practice and the arrangements for checking the equipment. This policy was further developed following the inspection to include the location of the emergency drugs and equipment within the new premises.	

## 6.3 Inspection findings

### 6.3.1 Statement of Purpose

A statement of purpose (SOP) was available which needed a minor amendment to ensure it was fully reflective of regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection RQIA received confirmation that the minor amendment had been made.

### 6.3.2 Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

### 6.3.3 Complaints

The establishment operates a complaints policy 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.

### 6.3.4 Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The quantity of Buccolam provided in the emergency box was discussed. An additional supply of Buccolam was stored in a separate area of the practice. This was added to the emergency box on the day of the inspection and Miss McHenry was advised to ensure that the quantity and dosage of Buccolam provided is as recommended by the Health and Social Care Board (HSCB).

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. There was an identified individual with responsibility for checking emergency medicines and equipment.

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.

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.

The policy for the management of medical emergencies reviewed reflected best practice guidance. Following the inspection the policy was further developed to include the location of the emergency drugs and equipment within the new premises.

Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, the protocol displayed in the decontamination room was not in keeping with best practice guidance. Miss McHenry agreed to remove this poster on the day of the inspection and Miss McHenry was advised to remove any protocols that were not reflective of best practice guidance.

### **6.3.5 Infection prevention and control/decontamination**

The arrangements in relation to the newly established premises and five dental surgeries were reviewed. Miss McHenry has advised that three of the five surgeries will be in operation initially. All five dental surgeries and the decontamination room were fully equipped. The flooring in clinical areas was impervious and coved where it meets the walls. The clinical areas were tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin was available in each of the surgeries and in the decontamination room. Laminated posters promoting hand hygiene were on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Confirmation was received following the inspection that the soap and paper towels dispensers had been wall mounted in keeping with best practice. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that Miss McHenry has decided not to have a sharps box in her surgery. Miss McHenry has carried out a risk assessment and has assured the inspector that sharps will be disposed of safely in keeping with legislative and best practice guidance.

Staff confirmed that the dental unit water lines (DUWLs) are appropriately managed in the newly installed dental chairs.

The clinical waste bins in the surgeries were in keeping with best practice guidance. However, the clinical waste bin in the decontamination room was housed in a cupboard and accessible using a handle. Miss McHenry was advised that this waste bin should be accessed using a non-

touch technique or pedal operated in keeping with best practice guidance. Miss McHenry agreed to address this issue immediately following the inspection.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgeries.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. As discussed three surgeries will be in operation initially and Miss McHenry advised that when the other two surgeries become operational it is her intention to increase the supply of decontamination equipment to meet the demands of the new surgeries. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during January 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

### **6.3.6 Environment**

A tour of the newly established premises was undertaken. The environment was maintained to a high standard of maintenance and décor. Confirmation was received following the inspection that the toilet roll holders, soap and paper towels dispensers in the toilet facilities had been wall mounted in keeping with best practice.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

The arrangements for maintaining the environment were reviewed by the estates inspector. As discussed previously the report and findings of the premises inspection will be issued under separate cover.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

### **6.3.7 Radiology**

The practice has five surgeries, each of which has a newly installed intra-oral x-ray machine. In addition there is a newly installed Cone Beam Computerised Tomography scanner (CBCT) which is located in a separate room. It was confirmed that the x-ray equipment will be serviced and maintained in keeping with the manufacturer's instructions.



It was confirmed that a critical examination and acceptance test of each of the five new intra-oral x-ray machines and CBCT scanner had been undertaken by the radiation protection advisor (RPA) on 28 June and 29 June 2017. Miss McHenry advised that the report of this visit by the RPA was not available however; the RPA had sent confirmation by email to the practice to confirm that all of the x-ray equipment had been tested and was fit for purpose and no recommendations had been made. It was advised that the radiation protection file should include a copy of the most recent RPA report.

A copy of the local rules was on display near each of the x-ray units. These related to the previous premises and equipment. This was discussed with Miss McHenry and following the inspection confirmation was provided that these had been replaced with the new local rules and appropriate staff had signed to confirm that they had read and understood these.

The radiation protection file reviewed did not contain an inventory of all equipment, training records or a record to confirm that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties. Also information regarding the previous RPA was included and the details of the most recently appointed RPA were not included. Miss McHenry was advised to ensure that the radiation protection file is reviewed to remove any irrelevant information and include details of the most recently appointed RPA, an inventory of all equipment, training records and a record to confirm that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties. An area for improvement against the minimum standards has been identified in relation to reviewing the radiation protection file.

Miss McHenry is the RPS for the practice. Discussion with Miss McHenry demonstrated that all x-rays will be graded for quality and audits of x-ray quality and justification and clinical evaluation recording will be completed in keeping with legislative and best practice guidance.

### **6.3.8 Recruitment of staff**

It was confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

Induction programme templates were in place relevant to specific roles and responsibilities. Miss McHenry confirmed that the induction programme had been completed for the new staff member however; a record had not been retained. The recording of staff inductions has been identified as an area for improvement against the minimum standards.

There was a recruitment policy and procedure available. As discussed a minor amendment was made to the policy during the inspection. The amended policy was comprehensive and reflected best practice guidance.

### **6.3.9 Conclusion**

The variation to registration to relocate the practice to new premises and to increase the number of registered dental chairs from three to five was approved from an estates and care perspective following this inspection. A new certificate of registration will be issued.

## Areas of good practice

There were examples of good practice found in relation to the management of medical emergencies, infection prevention and control and decontamination and the environment.

## Areas for improvement

The radiation protection file should be reviewed to include the name and details of the RPA, an inventory of all equipment, training records and a record to confirm that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties.

A record of induction should be completed and retained for any new staff recruited in the future.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Miss McHenry and Mr Linton, registered persons 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 including possible prosecution for offences. 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

### 7.2 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 to [Independent.healthcare@rqia.org.uk](mailto:Independent.healthcare@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2017</p>	<p>The registered persons shall ensure that the radiation protection file is reviewed. The radiation protection file should include:</p> <ul style="list-style-type: none"> <li>• the name and details of the radiation protection advisor (RPA)</li> <li>• records of radiology training</li> <li>• an inventory of all x-ray equipment</li> <li>• records that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties</li> </ul> <p>Ref: 6.3.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Reviewed and being updated at present.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2017</p>	<p>The registered persons shall ensure that a record of induction is completed and retained for any new staff recruited in the future.</p> <p>Ref: 6.3.8</p>
	<p><b>Response by registered person detailing the actions taken:</b> This will be completed and copy recorded for all future staff.</p>

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqir.org.uk](mailto:independent.healthcare@rqir.org.uk)*



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