Announced Care Inspection Report
19 June 2018

Clear Dental Armagh

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 12 - 14 Russell Street, Armagh BT61 9AA
Tel No: 02837524958
Inspector: Carmel McKeegan

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 six registered places.

3.0 Service details

Organisation/Registered Provider: Clear Dental Care (NI) Limited **Responsible Individual:** Mr Mark Tosh	**Registered Manager:** Mrs Lyndsey Reid
Person in charge at the time of inspection: Mrs Lyndsey Reid	**Date manager registered:** 17 July 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 6

4.0 Action/enforcement taken following the most recent care inspection dated 27 June 2017

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

4.1 Review of areas for improvement from the last care inspection dated 27 June 2017

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Ref: Regulation 19 (2) (d) Schedule 2, as amended

Stated: First time</td><td>The registered person shall ensure that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the identified staff member and should be sought and retained for any staff, including self-employed staff, appointed in the future.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
It was confirmed that all recruitment records are now held centrally in head office and can be reviewed electronically.
One new staff member had been recruited since the previous inspection, electronic review of the staff member’s recruitment records confirmed that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been provided.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 11.3

Stated: First time</td><td>A record of induction should be completed for any new person commencing work in the practice. The record of induction should be retained and available for inspection.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A record of induction had been completed for the new staff member which was available for review.</td></tr>
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Area for improvement 2 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 31 August 2017	The registered person shall ensure a staff register is provided and containing staff details, including: name; date of birth; position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register should be kept up-to-date.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mrs Reid and review of records confirmed that an up to date staff register is provided which contained all the information as listed above.	
Area for improvement 3 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that policies and procedures for the safeguarding and protection of adults and children at risk of harm are provided which are reflective of best practice guidance. A copy should be provided to RQIA upon return of the QIP.	**Partially met**
	Action taken as confirmed during the inspection: The practice has a dedicated safeguarding folder which contained two adult safeguarding policies, one of which had a 'draft' status applied. The other policy was not reflective of the most recent best practice guidance. The registered person should ensure that the corporate up to date adult safeguarding policy is in place in the practice. The policy for the protection of children was seen to be up to date. The relevant element of this area of improvement has been stated for a second time.	
Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time	The registered person should provide evidence that all the recommendations stated within the legionella risk assessment dated 27 October 2016, have been addressed. An area for improvement against the standards has been made in this regard.	**Met**
	Action taken as confirmed during the inspection: On the day of the inspection the legionella risk assessment dated 27 October 2016 could not be located. On 3 July 2018 RQIA received written verification that the legionella risk	

	assessment dated 27 October 2016 was in place and the recommendations made within the report had all been addressed.	

5.0 Inspection findings

An announced inspection took place on 19 June 2018 from 11.00 to 13.30.

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 Mrs Lyndsey Reid, registered manager, an associate dentist, two dental nurses and a receptionist. Mr Mark Tosh, responsible individual, was present at the conclusion of the inspection. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Tosh and Mrs Reid 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, in the main, emergency medicines were provided in keeping with the British National Formulary (BNF). However it was identified that Glucagon medication had exceeded the expiry date and Buccolam and Adrenaline medication were not provided in the approved format in sufficient quantities as recommended by the Health and Social Care Board (HSCB) and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and Adrenaline and the various doses and quantities as recommended by the HSCB and the BNF. Mr Tosh gave assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF.

On 22 June 2018, RQIA received an email from Mr Tosh which confirmed that Glucagon and Adrenaline had been provided in keeping with the BNF and Mrs Reid informed RQIA by email on 03 July 2018 that an additional quantity of Buccolam had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was noted that the automated external defibrillator (AED) did not have paediatric pads. On 03 July 2018, RQIA received an email which confirmed that paediatric pads were in place in the practice.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, as discussed the Glucagon medication had exceeded the expiry date.

Due to the issues identified in relation to the provision of emergency medicines and equipment, an area of improvement has been made against the standards to ensure all medications and equipment are provided in keeping with the BNF and the Resuscitation Council (UK) guidelines. The provision of emergency medicines and equipment should be reviewed by the registered person during the six monthly unannounced monitoring visits.

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 on 25 May 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

Staff training is up to date and staff spoken with have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

All emergency medications and equipment should be provided in keeping with the BNF and the Resuscitation Council (UK) guidelines.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.2 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. It was noted that there was a carpeted area in one surgery and another surgery had embossed wall paper, as these issues are not compliant with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices, this was discussed with Mr Tosh. Mr Tosh stated that there is a planned programme of refurbishment for Clear Dental Armagh, and confirmed that the flooring in the identified surgery is to be replaced during the forthcoming weeks. Mr Tosh also stated that wall coverings will be addressed as surgeries are refurbished.

The practice continues to audit compliance with HTM 01-05 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 June 2018 evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved. Discussion with Mrs Reid and staff confirmed that any learning identified as a result of these audits is shared with staff during staff meetings.

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'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for the dentists who do not use safer sharps. An area for improvement against the standards has been made to address this. The provision of sharps should be reviewed by the registered person during the six monthly unannounced monitoring visits.

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

Review the use of sharps; safer sharps should be used so far as is reasonably practicable in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

	Regulations	Standards
Areas for improvement	0	1

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 paint had flaked off the wall in some areas and a cabinet door surface was notably damaged. An area of improvement has been made against the standards to repaint the wall surfaces and repair the damaged door surface to ensure surfaces are intact to enable effective cleaning.

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 June 2018, evidenced that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

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 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.

Appropriate equipment, including a washer disinfector, a DAC Universal and six steam sterilisers have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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

The walls in the decontaminated room should be repainted and the identified damaged cabinet door surface should be made good.

	Regulations	Standards
Areas for improvement	0	1

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A dedicated radiation protection file containing all relevant information was in place. The radiation protection supervisor (RPS) regularly reviews the information contained within the file. However, Mrs Reid was unsure if the RPS was aware of the most recent changes to the legislation surrounding radiology and radiation safety, there was no evidence to verify that the practice had registered with the Health and Safety Executive. On 4 July 2017 RQIA received written confirmation from Mrs Reid that the practice had registered with the Health and Safety Executive.

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. However, it was observed that one clinician was not using the rectangular collimator as advised within the most recent RPA report dated 12 December 2015. An area of improvement against the standards has been made in this regard. Radiology and radiation safety should be reviewed by the registered person during the six monthly unannounced monitoring visits.

Since the previous inspection a new intra-oral x-ray machine has been installed in one surgery. A critical examination and acceptance test had been not been completed. On 4 July 2018 Mrs Reid notified RQIA by email that a critical examination and acceptance test had been completed, that the RPA had been informed and the x-ray machine had been approved as safe for use.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mrs Reid ensures a range of audits, including x-ray quality grading and justification and clinical evaluation recording are undertaken and the results are shared with staff at staff meetings.

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

Ensure that rectangular collimation is in use as recommended by the RPA.

	Regulations	Standards
Areas for improvement	0	1

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 Mrs Reid and staff.

5.6 Patient and staff views

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

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.7 Additional areas examined

Governance arrangements

The most recent report completed in accordance with Regulation 26 of The independent Health Care Regulations (Northern Ireland) 2005 was reviewed during the inspection. The content of the report was insufficient and did not reflect that all areas within the practice have been reviewed. As a result of the issues identified during this inspection an area for improvement against the regulations has been made that the monitoring report should be reviewed and improved in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Areas for improvement

Review and improve the quality of the monitoring report undertaken in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

5.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**5**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Tosh, responsible individual, and Mrs Reid, registered manager, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 26 **Stated:** First time **To be completed by:** 19 August 2018	The registered person should review the quality of the information documented in the unannounced monitoring reports completed in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. The registered person should be assured that all areas within the dental practice have been reviewed in order to properly monitor the quality of the service provided in their establishment. An action plan to address any issues identified should be generated where applicable. Ref: Section 5.7
	Response by registered person detailing the actions taken: IN response to section 5.7 i have noted the suggestion that the unannounced inspection report should be more detailed.I am on holiday until the middle of july and will carry out another inspection and provide a more detailed report upon my return.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** Second time **To be completed by:** 19 July 2018	The registered person shall ensure that policy and procedure for the safeguarding and protection of adults at risk of harm provided is reflective of best practice guidance. A copy should be provided to RQIA upon return of the QIP. Ref: 4.1
	Response by registered person detailing the actions taken: we have reviewed the paperwork in armagh and have updated this policy to meet the most recent changes in legislation.
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 19 June 2018	The registered person shall ensure that all medications and equipment are provided in keeping with the BNF and the Resuscitation Council (UK) guidelines. Ref: 5.1
	Response by registered person detailing the actions taken: In response toref 5.1 the practice had a bda good practice inspection a few weeks before and everything was in date for this. there is a monthly check on our governance system to make sure all drugs and equipment are present and in date. The items out of date went out of date between the insections and governance checks. These should

	have been preordered and this has been reinforced with the manager.
Area for improvement 3 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 19 July 2018	The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2
	Response by registered person detailing the actions taken: Risk assessment has been carried out for all dentist
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 July 2018	The registered person shall ensure that the walls in the decontaminated room are repainted and the identified damaged cabinet door surface be made good, in order to facilitated effective cleaning. Ref: 5.3
	Response by registered person detailing the actions taken: Arrangement are in place to address these issues
Area for improvement 5 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 19 June 2018	The registered person shall ensure that rectangular collimation is in use as recommended by the radiation protection advisor. Ref: 5.4
	Response by registered person detailing the actions taken: Rectangular colimation is available for all the dentists i do not know why the clinician decided not to use it but it has been reinforced that it should be used as recommended by our RPA.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews