

Announced Variation to Registration Care Inspection Report 4 June 2018



Martina Collins Dental and Skin

**Type of service: Independent Hospital (IH) – Dental Treatment and
Intense Pulse Light Service**

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Inspector: Stephen O'Connor

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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



2.0 Profile of service

This is a registered dental practice with two registered places providing general dental care and treatment. The practice also provides facial aesthetics and is registered to provide treatments using an intense pulse light machine (IPL). An application to vary the registration of the practice to increase the number of dental chairs from two to three has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Provider: Martina Collins Dental and Skin Limited	Registered Manager: Ms Holly Capper (practice manager)
Responsible Individual: Mrs Martina Collins	
Person in charge at the time of inspection: Mrs Martina Collins	Date manager registered:
Categories of care: Independent Hospital (IH) – Dental Treatment PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	Number of registered places: 2 Registration of the third dental chair is awaiting approval by the estates inspector.

4.0 Action/enforcement taken following the most recent care inspection dated 03 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03 November 2017.

4.1 Review of areas for improvement from the last care inspection dated 03 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (b) Stated: First time	The registered provider must ensure that a written scheme of examination is prepared for all pressure vessels in the establishment in keeping with The Pressure Systems Safety Regulations (Northern Ireland) 2004. A copy of the written scheme of examination should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination.	
Area for improvement 2	The discrepancy noted with the protective eyewear must be discussed with the	Met

<p>Ref: Regulation 39 (1) & (2) (d)</p> <p>Stated: First time</p>	<p>appointed LPA and records retained. Any recommendations made by the LPA must be actioned and the local rules updated to ensure that the protective eyewear available for the client and operator is as outlined in the local rules.</p>	
	<p>Action taken as confirmed during the inspection: Ms Capper confirmed that the discrepancy noted with the protective eyewear during the previous care inspection was discussed with the appointed laser protection advisor, following which the local rules were updated to include the details of the approved client eye shields.</p>	
<p>Action required to ensure compliance The Minimum Care Standards for Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 48.12</p> <p>Stated: First time</p>	<p>Confirmation should be submitted to RQIA upon return of this Quality Improvement Plan (QIP) that the authorised operator has completed training in the areas outlined below:</p> <ul style="list-style-type: none"> • infection prevention and control (within the past 2 years) • basic life support (within the past year) • fire safety (within the past year) • safeguarding adults at risk of harm (within the past 2 years) 	<p style="text-align: center;">Met</p>
	<p>Action taken as confirmed during the inspection: Ms Capper confirmed that only one authorised operator provides treatment using the IPL machine. This authorised operator commenced employment following the previous care inspection. Review of the authorised operator’s training records evidenced that all training as outlined in RQIA training guidance for cosmetic laser operators has been completed.</p>	

5.0 Inspection

An announced variation to registration inspection took place on 04 June 2018 from 10.00 to 11:30.

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, the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011) and the Minimum Care Standards for Healthcare Establishments (July 2014).

This practice was initially registered with one registered place on 12 June 2016. A variation to registration application was submitted to RQIA to increase the number of chairs from one to two; this variation was approved with effect from 14 February 2017. A further variation to registration application was submitted to RQIA to add the following category of care to the establishments registration: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). This variation was approved with effect from 16 November 2017.

A further variation to registration application was submitted to RQIA to increase the number of registered dental chairs from two to three. This inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application, to increase the number of dental chairs from two to three.

Mr Gavin Doherty, RQIA estates inspector, contacted Mrs Collins following this inspection and requested specific documents in relation to the premises to be submitted for review. Following submission Mr Doherty will review the documents and inform Mrs Collins when he is in a position to approve the variation from an estates perspective.

The variation to the registration application to increase the number of registered dental surgeries from two to three has been approved from a care perspective. Mrs Collins is aware that the newly established third dental surgery cannot be used for the provision of private dental care and treatment until such times as it has been approved from an estates perspective.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Martina Collins, responsible individual, Ms Holly Capper, manager and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Collins at the conclusion of the inspection.

5.1 Inspection findings

Statement of Purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.

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.

Infection prevention and control

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas were clean, tidy and uncluttered.

The arrangements in regards to the newly established third dental surgery were reviewed. It was observed that the flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean. It was observed that one wall in the newly established third dental surgery has been wallpapered. This is not in keeping with best practice guidance. Mrs Collins advised that the wallpaper has been sealed with a clear varnish to provide an impervious surface that can be easily cleaned.

A dedicated hand washing basin was available in the dental surgery. It was observed that a laminated poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel were observed.

It was observed that sharps containers were wall mounted and safely positioned to prevent unauthorised access. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Ms Capper confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be appropriately managed in keeping with manufacturer's instructions.

Personal protective equipment (PPE) was readily available.

The clinical waste bin was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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 May 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are usually carried out by the manager or lead dental nurse. It was confirmed that the findings of audits are actively discussed at practice meetings. The most recent audit was completed by the lead dental nurse. It was suggested that the person completing the audit should continue to be rotated and that actively discussing audit findings at practice meetings helps to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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 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 disinfectant, a DAC Universal and a steam steriliser 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.

Ms Capper confirmed that the practice has purchased additional handpieces and instruments to meet the demands of the third dental surgery.

Environment

The practice is located on the first floor of the premises.

As discussed a tour of the premises was undertaken, including the newly established third dental surgery. The premises were maintained to a high standard of maintenance and décor.

As discussed Mr Gavin Doherty, RQIA estates inspector, contacted Mrs Collins following this inspection and requested specific documents in relation to the premises to be submitted for review. Following submission, Mr Doherty will review the documents and inform Mrs Collins when he is in a position to approve the variation from an estates perspective.

Radiology

The practice has three surgeries, each of which has an intra-oral x-ray machine. It was confirmed that a new intra-oral x-ray machine has been installed in the newly established third dental surgery. Review of records confirmed that the appointed radiation protection advisor (RPA) undertook a critical examination of the new intra-oral x-ray machine and the critical examination and acceptance test report dated 04 May 2018 was reviewed.

Mrs Collins was aware of the most recent changes to the legislation surrounding radiology and a RPA and medical physics expert (MPE) have been appointed.

A copy of the local rules was on display in the new surgery and appropriate staff had signed to confirm that they had read and understood these.

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 to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the reports of the most recent visits 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.

The RPS 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.

Recruitment of staff

Discussion with Ms Capper and review of documentation evidenced that five new staff have been recruited since the previous care inspection. A review of four of the five personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

Only one of the four personnel files reviewed had all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 included.

A criminal conviction declaration was not retained in two files and one file did not include the employment history for the individual. On 14 June 2018 confirmation was submitted to RQIA that these documents have been completed and are now retained in the staff members' files.

The arrangements in respect of AccessNI enhanced disclosure checks were reviewed. It was noted that AccessNI enhanced disclosure checks in respect of two of the identified staff members were sought and reviewed prior to commencement of employment. However, it was noted that two AccessNI checks had been received after the identified staff members commenced employment. One check was received one day after the individual commenced employment and one check was received eight days after the individual commenced employment.

Ms Collins was reminded that AccessNI enhanced disclosure checks must be in place for all staff prior to commencement of employment. An area for improvement against the regulations has been made in regards to AccessNI enhanced disclosure checks.

5.2 Patient and staff views

Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All 17 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that they felt the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- “Very professional care.”
- “Excellent care and service.”
- “All excellent.”
- “All the staff are always helpful and lovely.”
- “Martina and staff have cured my fear of the dentist.”

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

5.3 Total number of areas for improvement

AccessNI enhanced disclosure checks must be sought and retained for all staff members, including self-employed staff, who work in the practice in the future.

	Regulations	Standards
Total number of areas for improvement	1	0

5.4 Conclusion

The variation to the registration to increase the number of dental chairs from two to three was approved from a care perspective following this inspection. As discussed, Mrs Collins has been advised that the newly established third dental surgery cannot be used for the provision of private dental care and treatment until such times as it has been approved by Mr Gavin Doherty, estates inspector.

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Martina Collins, responsible individual, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 04 June 2018</p>	<p>The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Going forward we will ensure all Access NI checks are received prior to any new staff commencing work.</p>

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



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