The **Regulation** and **Quality Improvement** Authority

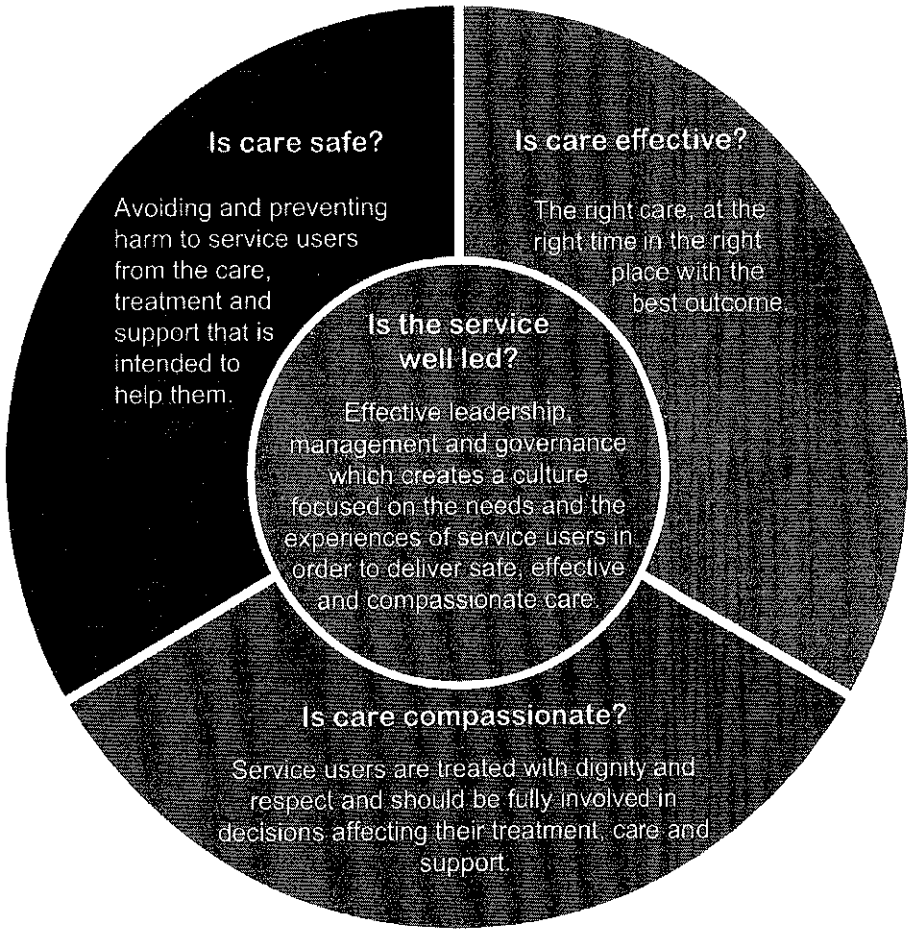
Announced Care Inspection Report
29 May 2018

Ballysillan Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 254 Ballysillan Road, Belfast, BT14 6RA
Tel No: 02890 714 444
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 two registered places.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Dr Ritu Dhariwal	**Registered Manager:** Ms Linda McVey
Person in charge at the time of inspection: Ms Linda McVey	**Date manager registered:** 06 December 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 19 September 2017

The most recent inspections of the establishment were announced pre-registration care inspection undertaken on 19 September 2017. The completed QIP was returned and approved by the care and registration was approved on the 6 December 2017.

4.1 Review of areas for improvement from the last care inspection dated 19 September 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 26 **Stated:** First time	Arrangements for visits required by registered person or a person nominated in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 should be established.	**Partially met**
	Action taken as confirmed during the inspection: Review of records confirmed that an unannounced monitoring visit had been undertaken on 9 May 2018 by a representative from Dental World 1Limited. The report did not contain all the information as required in Regulation 26 of The Independent Health Care Regulations (2005). The registered manager stated that Dental World 1 Limited is currently reviewing the report template for recording the Regulation 26 monitoring visits. This area for improvement has not been fully addressed and is stated for a second time.	
Area for improvement 2 **Ref:** Regulation 25 (2) (d) **Stated:** First time	The flooring in both surgeries should be sealed where the cabinetry meets the floor.	**Met**
	Action taken as confirmed during the inspection: The flooring in both surgeries had been sealed at the edges.	
Area for improvement 3 **Ref:** Regulation 25 (2) (d) **Stated:** First time	The dental chair in surgery two should be reupholstered or replaced.	**Met**
	Action taken as confirmed during the inspection: The dental chair in surgery two had been reupholstered and surfaces were intact.	

5.0 Inspection findings

An announced inspection took place on 29 May 2018 from 10.30 to 12.00.

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 Linda McVey, registered manager and two dental nurses. A tour of the premises was also undertaken. The inspection was facilitated by Ms McVey who was accompanied by one the dental nurses who is being inducted into the role of practice lead.

The findings of the inspection were provided to Ms McVey and the practice lead 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), with the exception of Adrenaline medication which was provided in auto-injector format in doses to be administered to a child aged 6 to 12 years and a child aged 6 months to 6 years. A single Adrenaline 1:1000 1ml ampoule was provided; however, suitable syringes and needles were not provided to enable administration of a 500 microgram (mcg) dose to child over 12 years or an adult. An area for improvement against the standards has been made in this regard.

Ms McVey was also advised that medication should not be stored out of the original packaging as pertinent information in relation to the medication including the patient information leaflet was not available. An area for improvement under the standards has been made in this regard.

Advice given in relation to safe administration of adrenaline and guidance correspondence from the Health and Social Care Board (HSCB) on the matter was provided to Ms McVey during the inspection and to Ms Monica Shah, Dental World 1 Limited compliance manager, by email following the inspection.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of a self-inflating bag with reservoir suitable for use with a child. It was confirmed that this item was ordered during the inspection. A weekly checking system was in place to ensure that emergency medicines do not exceed their expiry date and a checklist had been completed in this regard. However a checklist for emergency equipment was not available. A blank emergency equipment checklist was located which Mc McVey confirmed would be implemented with immediate effect. An area of improvement against the standards has been made to review the checking procedures in relation to 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. The most recent occasion staff completed medical emergency refresher training was during January 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. Ms McVey was advised that any change to the provision of Adrenaline medication in the practice should be discussed with all staff members.

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

Adrenaline should be provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB).

All medications should be kept in the original packaging. Patient information leaflets should be made available for staff reference.

Review the checking procedures in relation to emergency medicines and equipment.

	Regulations	Standards
Areas for improvement	**0**	**3**

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 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 on 31January 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.

The audits are carried out by the infection prevention control lead. Discussion with staff confirmed that any learning identified as a result of the audit is shared, if necessary, immediately and at monthly 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.

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

Since the previous inspection a decontamination room separate, from patient treatment areas and dedicated to the decontamination process, has been provided. The decontamination room was not fully functioning as a washer disinfector had still to be installed. However the layout within the room evidenced that the room will facilitate the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

In the interim the practice continue to have all reusable dental instruments decontaminated in the Crumlin Road Dental Surgery, which is owned and managed by Dental World 1 Limited.

Discussion with staff and review of the facilities and transport equipment provided demonstrated that robust procedures are followed to ensure the transportation of instruments, outside the dental practice, complies with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

Review of documentation demonstrated that a record is maintained of all instruments being transported into and out of Ballysillan Dental Surgery. An itemised consignment record is made of all used instruments being taken from the practice, which is signed and dated on departure. This document is secured to the heavy duty large lidded container provided for storing the instruments when in transit. Upon arrival at the Crumlin Road Dental Surgery this record of unprocessed instruments is checked and signed by the staff member receiving the unprocessed instruments. This recording process is repeated when the processed instruments leave Crumlin Road Dental Surgery to return to Ballysillan Dental Surgery. Discussion with staff confirmed that in the interest of infection control, the containers used for transporting instruments are colour coded, one for processed and one for unprocessed instruments.

The lidded container used for transporting the dental instruments is kept in a dedicated room which is only accessible by staff members.

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.

As discussed a review of the most recent IPS audit, completed during January 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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.

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
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

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

The radiation protection supervisor (RPS) was not present during the inspection; however, Ms McVey confirmed that the 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 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.

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 McVey and staff.

Patient and staff views

No patient questionnaire responses were received in RQIA. Discussion with Ms McVey and staff confirmed that the RQIA patient questionnaires had been made available to patients.

No staff questionnaire responses were submitted to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	0

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 Linda McVey, 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.

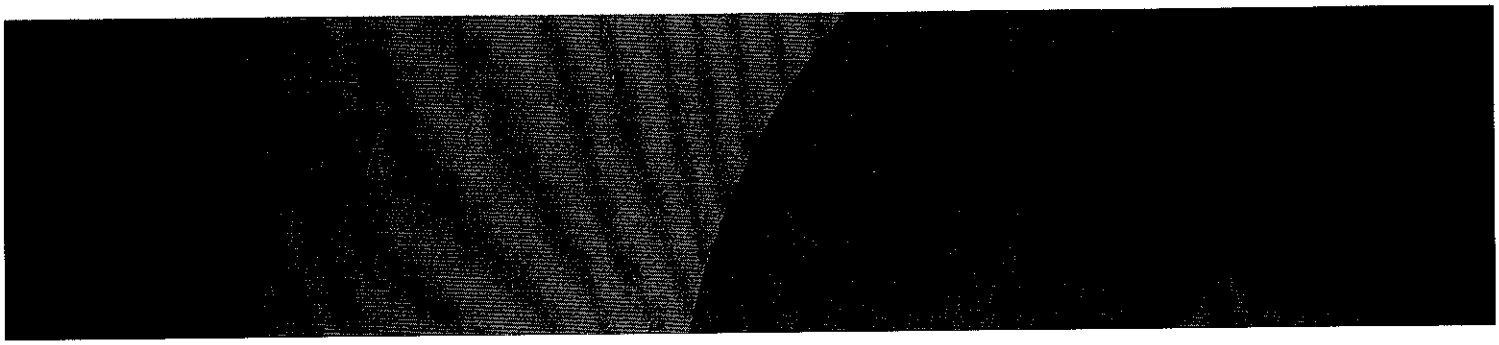
6.1 Actions to be taken by the service

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:** Second time **To be completed by:** 30 June 2018	Arrangements for visits required by registered person or a person nominated in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 should be established. Ref: 4.1
	Response by registered person detailing the actions taken: MRS MONICA Shah & MRS PAMELA MCKAY. ARE carrying out inspections at random Surgeries on a weekly basis.

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 30 June 2018	The registered person shall ensure that Adrenaline medication is provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB). Ref: 5.1
	Response by registered person detailing the actions taken: Three different doses being held as per BNF
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 30 June 2018	The registered person shall ensure that all medications should are kept in the original packaging. Patient information leaflets should be made available for staff reference. Ref: 5.1
	Response by registered person detailing the actions taken: All medicines will be kept in their original packaging from now onwards.
Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 30 June 2018	The registered person shall review the checking procedures in relation to emergency medicines and equipment to ensure that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. Ref: 5.1
	Response by registered person detailing the actions taken: The sheet for checking the emergency equipment is being kept and additional equipment was ordered & received (Adult Ambu bag).

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



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