

Announced Variation to Registration Care Inspection Report

27 February 2019



Greenisland Dental Practice

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

Address: 50 Station Road, Greenisland, BT38 8TP

Tel No: 028 9086 0565

Inspector: Carmel McKeegan

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 two registered places providing general dental care and treatment. 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

Responsible Individuals: Dr Beverley Eller Ms Lynne McVeigh Ms Carol McVeigh	Registered Manager: Dr Beverley Eller
Person in charge at the time of inspection: Ms Carol McVeigh	Date manager registered: 18 July 2016
Categories of care: Independent Hospital (IH) - Dental treatment	Number of registered places: 2 increasing to 3

4.0 Action/enforcement taken following the most recent care inspection dated 1 November 2018

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

4.1 Review of areas for improvement from the most recent inspection dated 1 November 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
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The responsible individuals shall review the procedure for the decontamination of dental handpieces to ensure that compatible handpieces are processed in accordance with the Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices.	Met
	Action taken as confirmed during the inspection: Discussion with Ms McVeigh confirmed that compatible handpieces are processed in accordance with the Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices.	

5.0 Inspection

An announced variation to registration care inspection took place on 27 February 2019 from 14.30 to 15:30. Gavin Doherty, estates inspector, undertook a premises inspection of the establishment at the same time. The report and findings of the premises inspection will be issued under separate cover.

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 two registered places on 9 December 2011. On 5 December 2018 an application for variation of the registration of the practice was submitted to RQIA by Dr Beverley Eller, registered manager. The application was 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.

During the inspection the inspector met with Ms Carol McVeigh, responsible individual. A tour of some of the premises was also undertaken.

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

No areas requiring improvement were identified during this inspection.

The variation to registration to increase the number of registered dental chairs from two to three was approved from a care perspective following this inspection.

The findings of the inspection were provided to Ms McVeigh 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. The document had been updated to reflect the proposed additional dental chair.

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. The document had been updated to reflect the proposed additional dental chair.

Recruitment of staff

Discussion with staff and review of the submitted variation to registration application confirmed that the development of the third dental surgery did not require additional staff, therefore no new staff had been recruited since the previous inspection.

It was confirmed that in the event of appointing new staff, all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for the member of staff.

Environment

The new third surgery is on the first floor of the dental practice. Review of the third dental surgery evidenced that works have been completed to a good standard of maintenance and décor. The room had been fitted with a dental chair, an intra-oral x-ray machine and adequate cabinets.

The fire and legionella risk assessments had been reviewed and updated in respect of the third surgery. It was also confirmed that a fire drill had been carried out to include the third dental surgery.

Infection prevention and control/decontamination

The arrangements in regards to the newly established third dental surgery on the first floor of the practice were reviewed. The new surgery has been established in a room which was previously unused by the dental practice. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

It was noted that one feature wall had been decorated with wallpaper. Ms McVeigh was informed that wallpaper within the clinical area is not compliant with HTM 01-05. Ms McVeigh agreed to have the wallpaper removed and an impervious surface provided that could be effectively cleaned. On 18 March 2019 Ms McVeigh informed RQIA that the wallpaper had been removed and the wall painted with washable paint.

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

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Ms McVeigh confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery 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.

It was confirmed that there are sufficient dental instruments to meet the demands of the third dental surgery and that additional instruments will be provided should this need be identified in the future

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. 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.

A review of the most recent IPS audit, completed on 18 October 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. An action plan had been generated which confirmed that the issues identified had been addressed. Ms McVeigh confirmed that the IPS audit is due to be repeated in March 2019 and will include the new surgery.

The IPS audit is carried out by all the dental nurses on a rotational basis; this is good practice as this process helps to empower staff and promotes staff understanding of the audit, IPC procedures and best practice.

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

4.3.6 Radiology

As previously stated two dental surgeries were in operation in this practice and a third dental surgery has been recently established. Each of the surgeries has an intra-oral x-ray machine. It was noted that an intra-oral x-ray machine has also been installed in the third surgery. It was confirmed that a critical examination of the additional intra-oral x-ray machine had been undertaken and that any recommendations made had been addressed.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken

to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

4.3.7 Conclusion

The variation to the registration in regards to the increase in dental chairs from two to three was approved by the care inspector following this inspection.

4.3.7 Areas for improvement

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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