

# Announced Care Inspection Report 20 December 2018



## Harper Dental Care

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

**Address: 22 North Street, Carrickfergus, BT38 7AQ**

**Tel No: 028 9335 1418**

**Inspector: Gerry Colgan**

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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



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

<b>Organisation/Registered Provider:</b> Harper Dental Care	<b>Registered Manager:</b> Mr Neil Harper
<b>Person in charge at the time of inspection:</b> Mr Neil Harper	<b>Date manager registered:</b> 08 February 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 4.0 Action/enforcement taken following the most recent inspection dated 27 February 2018

The most recent inspection of the Harper Dental Care 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 last care inspection dated 27 February 2018

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23 (1)  <b>Stated:</b> First time	The complaints procedure should be further developed to include the following: <ul style="list-style-type: none"> <li>• details of the Health and Social Care Board and General Dental Council (GDC) as agencies that may be utilised within the complaints investigation process</li> <li>• details of the Northern Ireland Commissioner for complaints and the GDC Dental Complaints Service in the event of dissatisfaction about the outcome of the complaints investigation for NHS and private patients respectively</li> <li>• the details of RQIA, as an oversight body</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of policies confirmed that the complaints procedure has been further developed to all of the above.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 15  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the adult safeguarding policy is updated to fully reflect the regional 'Adult Safeguarding Prevention and Protection in Partnership policy' (July 2015) and 'Adult Safeguarding Operational Procedures' (2016).</p> <p>Ref: 6.4</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of records and discussion with Mr Harper confirmed that staff attended safeguarding training in December 2018 and the regional 'Adult Safeguarding Prevention and Protection in Partnership policy' (July 2015) and 'Adult Safeguarding Operational Procedures' (2016) are electronically available for all staff.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 14  <b>Stated:</b> First time</p>	<p>The registered person shall locate the legionella risk assessment and address any recommendations contained therein.</p> <p>Ref: 6.4</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that the legionella risk assessment had been completed on 17 July 2014. Mr Harper has reviewed the risk assessment every two years and a written record of water temperature monitoring is maintained.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the arrangement for accessing the automated external defibrillator (AED) is clearly documented within the practice's medical emergency policy and procedure.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that the arrangement for accessing the automated external defibrillator (AED) at a nearby fire station is clearly documented within the practice's medical emergency policy and procedure.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 14 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a written security policy to reduce the risk of prescription theft and misuse is developed and shared with staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that a written security policy to reduce the risk of prescription theft and misuse has developed and shared with staff.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patient satisfaction surveys to include the quality of treatment and other services provided are undertaken on at least an annual basis.</p> <p>A summary report should be collated and made available to patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that a patient satisfaction survey is currently ongoing. The practice manager confirmed that the results will be collated and made available to patients</p>	

## 5.0 Inspection findings

An announced inspection took place on 20 December 2018 from 10.30 to 13.00.

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 Mr Harper, registered person, the practice manager and a dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to the practice manager 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), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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 February 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

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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. During discussion it was identified that a written cleaning schedule was not provided, an area for improvement has been made against the standards to ensure a cleaning schedule is in place that meets the needs of the practice and that a record of cleaning is also maintained.

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 December 2018 by Mr Harper, evidenced that the audit had identified areas of good practice. Mr Harper confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again during staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

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.

It was identified that conventional needles and syringes are used by Mr Harper when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable;'. The practice manager confirmed that as the only dentist working in the practice, Mr Harper is responsible for the safe disposal of needles and syringes. A sharps risk assessment was not in place, this was discussed with the practice manager and an area for improvement against the standards was made in this regard. Mr Harper should give consideration to the use of safer sharps.

### Areas of good practice

A review of the current arrangements evidenced that staff have the knowledge and skills in relation to infection prevention and control to ensure standards are maintained.

### Areas for improvement

The practice should have cleaning schedules in place for the surgeries and general environment and maintain a record to evidence that regular cleaning has taken place.

A sharps risk assessment should be provided.

	Regulations	Standards
Areas for improvement	0	2

**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 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 disinfector and 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.

**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, one of which has an intra-oral x-ray machine.

Mr Harper as the radiation protection supervisor 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. Mr Harper 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 in October 2018 demonstrated that the recommendations made have yet to be addressed. An area for improvement has been made against the regulations to ensure the recommendations made by the RPA are addressed and a record made in this regard.

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

Mr Harper 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 dedicated radiation protection file containing all relevant information was in place and the appointed RPA completes a quality assurance check every three years.

### Areas for improvement

Ensure the recommendations made by the RPA in October 2018 are addressed and a record made in this regard.

	Regulations	Standards
Areas for improvement	1	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 the practice manager who confirmed that the equality data collected was managed in line with best practice.

## 5.6 Patient and staff views

No patient questionnaire responses were submitted to RQIA.

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

## 5.7 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the practice 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2019	<p>The registered person shall ensure that any recommendations made by the radiation protection advisor (RPA) as a result of the quality assurance check undertaken in October 2018 are addressed and confirmation recorded in the radiation protection file.</p> <p>Ref: 5.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The recommendations made by the RPA have duly been implemented and recorded in the radiation file.</p>
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2019	<p>The registered person shall ensure a cleaning schedule is in place that meets the needs of the practice and that a record of cleaning is also maintained.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A cleaning schedule is currently being put in place and a cleaning record set up.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2019	<p>The registered person shall ensure that a sharps risk assessment is in place for the practice, which indicates the steps taken by any dentist to reduce the risk of sharps injuries occurring. Any areas for improvement within the risk assessment should be addressed.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A sharps risk assessment is in the process of being complied and the consideration of using safer sharps is also being considered.</p>

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



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