



The Regulation and
Quality Improvement
Authority

Announced Inspection- Follow Up

Name of Establishment: Mountpottinger Dental Practice
Establishment ID No: 11609
Date of Inspection: 28 April 2014
Inspectors' Names: Stephen O'Connor
Inspection No: 17485

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of establishment:	Mountpottinger Dental Practice
Address:	94 Castlereagh Street Belfast BT5 4NJ
Telephone number:	02890 451989
Registered organisation / responsible individual:	Dental World Ltd Mr Robert McMitchell
Registered manager:	Miss Jessica Larmour (acting)
Person in charge of the establishment at the time of Inspection:	Miss Jessica Larmour
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	03 March 2014 Announced Inspection
Date and time of follow up inspection:	28 April 2014 14:00–15:20
Name of inspectors:	Stephen O'Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aim of this announced inspection – follow up was to review the improvements made following the announced inspection undertaken on 20 January 2014, which focused on the decontamination aspect of HTM 01-05 and to determine the provider's compliance with the following:

- The HPSS (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 Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

- discussion with Miss Jessica Larmour, registered manager (acting);
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises;
- evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Inspection Focus

An announced follow-up inspection was undertaken to Mountpottinger Dental Practice as it had been identified during the inspection of 20 January 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

6.0 Profile of Service

Mountpottinger Dental Practice is a former residential property which has been converted and adapted to accommodate a dental practice. It is located on one of the main arterial routes into the City of Belfast. Mountpottinger Dental Practice forms part of the Dental World Limited group.

On street car parking is available for patients. The establishment is accessible for patients with a disability as both surgeries and disabled accessible toilets are located on the ground floor.

Mountpottinger Dental Practice operates two dental chairs, providing both private and NHS dental care. A waiting area and toilet facilities are available for patient use. A dedicated decontamination room has recently been established. Staff and storage facilities and a plant room are also available on the ground floor. The first and second floors of the building are residential accommodation.

Mountpottinger Dental Practice is one of nine practices operated by Dental World Limited Group. Mr McMitchell is the responsible individual. Miss Jessica Larmour has been appointed acting registered manager. The practice employs two associate dentists, and a team of dental nurses and reception staff.

The establishment's statement of purpose outlines the range of services provided.

This practice is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

7.0 Summary of Inspection

This announced follow-up inspection of Mountpottinger Dental Practice was undertaken by Stephen O'Connor on 28 April 2014 between the hours of 14:00 and 15:30. Miss Jessica Larmour, acting registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

An announced follow-up inspection was undertaken to Mountpottinger Dental Practice as it had been identified during the announced inspection of 20 January 2014 and the announced follow-up inspection of 03 March 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

The progress made towards compliance since the inspection on 03 March 2014 was reviewed during this inspection. Other requirements and recommendations made during the previous inspection were also reviewed.

The review of the arrangements in place for the decontamination of reusable dental instruments demonstrated that significant progress has been made towards achieving compliance.

During the course of the inspection the inspector met the lead dental nurse, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Three requirements and two recommendations had previously been made in regards to the decontamination of dental instruments. Observation and discussion with Miss Larmour and the lead dental nurse demonstrated that these have been addressed and compliance achieved.

A dedicated decontamination room, separate from patient treatment areas has been established. The layout of the room is in keeping with best practice as indicated in HTM 01-05 and the room has been fully operational since the 23 April 2014. It was observed that the exit door and surrounding architrave has exposed wood. This was discussed with Miss Larmour and a recommendation was made that all surfaces in clinical and decontamination areas should be impervious and easily cleaned. The exposed wooden door and architrave in the decontamination room should be sealed.

All reusable dental instruments are appropriately cleaned, sterilised and stored in the decontamination room following use. A validated washer disinfectant has been installed and is incorporated within the decontamination process. Recommendations were made to review the manufacturer's guidance and if recommended undertake and record the results of a soil test on the washer disinfectant, and to ensure that the installed printer is fully functional.

Significant progress has been made since the previous inspection in the establishment of a dedicated decontamination room.

A requirement was made during the announced follow-up inspection on the 03 March 2013 that the registered provider must ensure that all records specified in Schedule 3 Part II of the legislation are at all times available for inspection in the establishment. Discussion with Miss Larmour demonstrated that some records are retained in the Dental World Limited head office. However Miss Larmour confirmed that Dental World Limited is currently liaising with their Information Technology (IT) provider in regards to establishing an online system to retain records. This requirement has not been addressed and is now stated for the second time.

One requirement, which is stated for the second time and three recommendations, were made as a result of the announced follow-up inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank Miss Larmour and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

8.0 Follow-up on Previous Issues

This was an announced - follow up inspection. The inspection was undertaken as it had been identified during the inspection of 20 January 2014 and 03 March 2014 and that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

Three requirements had been made previously in relation to the decontamination of reusable dental instruments. The requirements related to The Independent Health Care Regulations (Northern Ireland) 2005.

8.1.0 Previous requirements

8.1.1 The first requirement made was as follows:

Regulation 15 (3) - The responsible individual must ensure that a dedicated decontamination room is established and fully equipped and operational for the cleaning and sterilisation of reusable dental instruments.

It was observed that a dedicated decontamination room has been completed. The room is fully equipped and has been operational from the 23 April 2014. Discussion with Miss Larmour and the lead decontamination nurse demonstrated that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

It was observed that the exit door and surrounding architrave is exposed wood. This was discussed with Miss Larmour and a recommendation was made that all surfaces in clinical and decontamination areas should be impervious and easily cleaned. The exposed wooden door and architrave in the decontamination room should be sealed.

This requirement had been addressed.

8.1.2 The second requirement made was as follows:

Regulation 15 (3) - The responsible individual must ensure that all reusable dental instruments that are being processed at the practice are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

Miss Larmour confirmed that the practice of outsourcing the decontamination of reusable dental instruments to the Central Services Sterilisation Department (CSSD) at the Ulster Hospital, Dundonald ceased on the 18 April 2014. Discussion with Miss Larmour and the lead dental nurse demonstrated that from the 23 April 2014 all compatible reusable dental have been processed through a validated washer disinfector prior to sterilisation in the newly established dedicated decontamination room. The practice was closed for the period 18 April to 22 April 2014.

This requirement has been addressed.

8.1.3 The third requirement made was as follows:

Regulation 15 (3) - A validated washer disinfector of adequate capacity must be installed to remove the need for the manual washing of handpieces.

Staff must be trained in the use of the washer disinfector.

Following installation and commissioning of the equipment a log book should be established and the relevant periodic testing should be undertaken and recorded as detailed in HTM 01-05.

It was observed that a washer disinfector has been installed. Discussion with the lead nurse confirmed that it is being used in line with best practice guidance and the lead nurse demonstrated an awareness of the correct procedures for loading and unloading instruments from the washer disinfector.

A review of records confirmed that the washer disinfector was validated on commissioning. As discussed previously the washer disinfector has been used to process all compatible instruments from the 23 April 2014. Review of records confirmed that a dedicated logbook has been established and the relevant periodic tests are undertaken and recorded in line with HTM 01-05, with the exception of a soil test. The washer disinfector periodic testing regime was discussed with Miss Larmour and a recommendation was made to review the manufacturer's guidance and if recommended undertake and record the results of a soil test on the washer disinfector.

Miss Larmour and the lead nurse confirmed that a procedure for the use of the washer disinfector is in place and includes that the cycle parameters are recorded using an installed printer. However, on the day of inspection machine printouts were not available for review. This was discussed with Miss Larmour and it was established that an adaptor plug is required to

connect the printer to the mains electrical supply. A recommendation was made in this regard.

This requirement has been addressed.

8.2.0 Previous recommendations

Two recommendations had been made previously in relation to the decontamination of reusable dental instruments. The recommendations related to the Minimum Standards for Dental Care and Treatment 2011.

8.2.1 The first recommendation made was as follows:

Minimum Standard 13 - Undertake and record the results of a daily steam penetration test for the Statim steriliser, and retain records for not less than two years.

Review of the Statim steriliser logbook demonstrated that the results of a daily steam penetration test are now recorded.

This recommendation has been addressed.

8.2.2 The second recommendation made was as follows:

Minimum Standard 13 - Further develop the infection prevention and control policies and procedures to include the arrangements for the decontamination of new instruments and the procedure for single use instruments.

Review of documentation and discussion with Miss Larmour demonstrated that the infection prevention and control policies have been further developed to include the arrangements for the decontamination of new instruments and the procedure for single use instruments.

This recommendation has been addressed.

9.1.0 Follow-up on Other Previous Issues

The following issues were not the focus of the follow up inspection. However, the inspector used the follow-up inspection as an opportunity to review the other requirements and recommendations outlined in the previous quality improvement plan.

9.1.1 The first requirement made was as follows:

Regulation 15 (1) (b) - The responsible individual must ensure that the flooring in surgery two is replaced. Flooring specifications as outlined in HTM 01-05 should be adhered to.

Miss Larmour confirmed that surgery two is now operational five days a week. During this inspection it was observed that the flooring in surgery two is partially carpeted. This was discussed with Miss Larmour who confirmed that works to lay a new floor in surgery two is scheduled to commence on the week commencing the 12 May 2014. Miss Larmour confirmed that the new floor will be consistent with the flooring specifications as outlined in HTM 01-05. Following this inspection Miss Larmour confirmed in an email that the floor in surgery two was replaced as scheduled.

This requirement has been addressed.

9.1.2 The second requirement made was as follows;

Regulation 19 (2) (d) Schedule 2 - The responsible individual must ensure that an enhanced AccessNI check is undertaken for the identified staff member and ensure they are supervised at all times until such times as a satisfactory check has been received. Ensure that all new staff have the required enhanced AccessNI checks prior to commencing employment.

Miss Larmour confirmed that AccessNI checks have been applied for, for the two staff members identified during the inspections of 20 January 2014 and 03 March 2014. Miss Larmour confirmed that as the practice continues to wait on the returned AccessNI checks she is actively liaising with the umbrella body processing the AccessNI applications. Miss Larmour also confirmed that no new staff have commenced work in the practice since the previous inspection and that she is aware that receipt of an AccessNI check is required prior to any new staff commencing work in the practice. Following this inspection Miss Larmour confirmed in an email that the practice received the enhanced AccessNI checks for the two staff members identified.

This requirement has been addressed.

9.1.3 The third requirement made was as follows:

Regulation 15 (2) (b) - The responsible individual must ensure that all radiographic equipment is serviced and maintained in line with manufacturer's guidance.

Review of documentation and discussion with Miss Larmour demonstrated that the radiographic equipment has been serviced and maintained in line with the manufacturer's guidance.

This requirement has been addressed.

9.1.4 The fourth requirement made is as follows:

Regulation 21 (3) - Schedule 3 Part II - The registered provider must ensure that all records specified in Schedule 3 Part II of the legislation are at all times available for inspection in the establishment.

Miss Larmour confirmed that some records pertaining to the practice such as staff recruitment files are retained at Dental World Limited head office. Miss Larmour confirmed that Dental World Limited is liaising with their Information Technology (IT) provider in regards establishing an online system for retaining records. It is envisaged that access to the online system will be restricted to authorised personnel only. During the inspection of the 20 January 2014 records confirming that the space heating boiler had been serviced and maintained were not available for review. During this inspection review of documentation and discussion with Miss Larmour demonstrated that the space heating boiler has been serviced.

This requirement has not been fully addressed and is now stated for the second time.

9.2.1 The first recommendation made was as follows:

Minimum Standard 14.3 - Confirmation should be submitted to RQIA that the medical gas cylinders have been disconnected from the distribution system and the cylinders removed from the practice.

Review of documentation and observation demonstrated that the medical gas cylinders have been disconnected from the distribution system and the gas cylinders have been removed from the practice.

This recommendation has been addressed.

9.2.2 The second recommendation made was as follows:

Minimum Standard 8.5 - Ensure that all records pertaining to the practice are retained at the practice for review by inspectors and for ease of staff reference.

As discussed previously some records pertaining to the running of the practice are retained in Dental World Limited head office.

This recommendation has not been fully addressed and is included in the requirement, stated for the second time, as discussed in section 9.1.4.

9.2.3 The third recommendation made is as follows:

Minimum Standard 13 - The responsible individual must ensure that arrangements are put in place to declutter the laboratory and staff kitchen to aid effective cleaning.

Observation and discussion with Miss Larmour demonstrated that significant progress has been made to declutter the laboratory and staff kitchen area. Miss Larmour confirmed that the decluttering of staff and storage areas will be on-going.

This recommendation has been addressed.

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Larmour, acting registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Stephen O'Connor
Inspector/Quality Reviewer

Date



Quality Improvement Plan

Announced Inspection – Follow Up

Mountpottinger Dental Practice

28 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Miss Jessica Larmour, acting registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (NI) 2005 as amended.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	21(3) - Schedule 3 Part II	The registered provider must ensure that all records specified in Schedule 3 Part II of the legislation are at all times available for inspection in the establishment. Ref: 9.1.4 & 9.2.2	Two	Records will be prepared for all future inspections before online records set up.	One month

RECOMMENDATIONS

These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13	<p>All surfaces in clinical and decontamination areas should be impervious and easily cleaned. The exposed wooden door and architrave in the decontamination room should be sealed.</p> <p>Ref: 8.1.1</p>	One	All doors being changed and sealed.	One month
2	13	<p>Review the manufacturer's guidance and if recommended undertake and record the results of a soil test on the washer disinfectant.</p> <p>Ref:8.1.3</p>	One	Wash check indicators are now in use.	One month
3	13	<p>Ensure that the installed printer for the washer disinfectant is fully functional and that records of cycle parameters are retained for not less than two years.</p> <p>Ref:8.1.3</p>	One	Printer in use and data loggers on order for more convenient record storage	One week

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Stephen O'Connor
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: _____

NAME: *[Signature]* Robert Maniche
 Registered Provider

DATE 9.7.14

SIGNED: *[Signature]*

NAME: *[Signature]* Jessica Lomas
 Registered Manager

DATE 9.7.14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>Stephen O'Connor</i>	21.07.14
B	Further information requested from provider		✓	<i>Stephen O'Connor</i>	21.07.14