

# Announced Care Inspection Report 21 August 2018



## Rosconnor Specialist Dentistry, Ballymoney

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

Address: 21 Portrush Road, Ballymoney BT53 6BX

Tel No: 02827662145

Inspector: Norma Munn

[www.rqia.org.uk](http://www.rqia.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 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 three registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Portman Healthcare Limited  <b>Responsible Individual:</b> Mr Mark Hamburger	<b>Registered Manager:</b> Mr Jason Henry
<b>Person in charge at the time of inspection:</b> Ms Alison Rae, assistant manager, and compliance facilitator for Portman Healthcare Ltd	<b>Date manager registered:</b> 17 August 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

Portman Healthcare Limited is the registered provider for eight dental practices registered with RQIA. Mr Mark Hamburger is the responsible individual for Portman Healthcare Limited.

## 4.0 Action/enforcement taken following the most recent inspection dated 22 November 2017

The most recent inspection of Rosconnor Specialist Dentistry, Ballymoney 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 22 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time	The registered person shall ensure that Access NI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with Ms Rea confirmed that four staff had been recruited since the previous inspection. A review of documentation confirmed that Access NI enhanced disclosure checks had been undertaken and received prior to the commencement of employment.</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 11.1  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that two written references and confirmation that the person is physically and mentally fit to fulfil their duties is sought and retained for any new staff, including self-employed staff, commencing work in the future.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the personnel files for two of the newly recruited staff evidenced that two written references and confirmation that the person is physically and mentally fit to fulfil their duties as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p>	

## 5.0 Inspection findings

An announced inspection took place on 21 August 2018 from 10.15 to 12.45.

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 Jason Henry, registered manager, Ms Alison Rae, assistant manager and compliance facilitator for Portman Healthcare Ltd, the decontamination lead and one receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Rae 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 December 2017.

Relative analgesia (RA) is offered in this practice as a form of sedation. Ms Rae confirmed that the RA equipment was not in use as it was being serviced in keeping with manufacturer's instructions. Ms Rae confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in accordance with the recent DOH guidance issued on 6 September 2017.

Intravenous sedation (IV) is available, as required, for patients in accordance with their assessed need. It was established that the members of the dental team providing treatment under intravenous sedation have received appropriate training in keeping with Conscious Sedation in The Provision of Dental Care (2003). Ms Rae confirmed that the appropriate medicines for IV sedation were available and securely stored.

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.

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 July 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 Ms Rae who confirmed that any learning identified as a result of these audits is shared with staff.

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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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.

As discussed, a review of the most recent IPS audit, completed during July 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.

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, an ultrasonic bath and two steam sterilisers 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**5.4 Radiology and radiation safety**

**Radiology and radiation safety**

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography machine (CBCT), which is located in a separate room.

Mr Henry, registered manager, is the radiation protection supervisor (RPS). Mr Henry confirmed that he 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 Henry 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 Rae and staff.

## 5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were either satisfied or very satisfied with each of these areas of their care.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Nine staff submitted questionnaire responses to RQIA. All of the staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All of the staff indicated that they were either satisfied or very satisfied with each of these areas of patient care.

**5.7 Total number of areas for improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**6.0 Quality improvement plan**

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



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