

Announced Care Inspection Report

23 February 2021



Martina Collins Dental and Skin

Type of Service: Independent Hospital (IH) – Dental Treatment and Intense Pulsed Light (IPL) Service

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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 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- intense pulse light (IPL) safety;
- governance arrangements and review of the report of the visits undertaken by the Registered Provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where applicable).

2.0 Profile of service

Martina Collins Dental and Skin is registered with RQIA as an Independent Hospital with the following categories of care: Dental treatment and Prescribed techniques or prescribed technology: establishments using intense light sources. Martina Collins Dental and Skin is registered for three dental surgeries and provides general dental care and treatment. The practice also provides a range of facial aesthetics. This inspection focused solely on those services and treatments that fall within regulated activity and the categories of care for which the establishment is registered.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive have issued; The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2021. These regulations outline businesses that must stay closed until further notified and included close contact services which are not ancillary to medical, health or social care services.

We were informed that Martina Collins Dental and Skin have suspended the provision of IPL treatments in keeping with; The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2021. As this service may be permitted to operate in the near future we reviewed the arrangements in place in relation to IPL safety.

Intense Pulse Light (IPL) equipment:

- Manufacturer: Lumenis
- Model: M22
- Serial Number: 20897
- Wavelength: IPL 400 to 1200nm

Laser protection advisor (LPA):

Onephton

Laser protection supervisor (LPS):

Ms Martina Collins

Medical support services:

Ms Martina Collins

Authorised operators:

Ms Jennifer Madden

Mrs Loreena Burns

Types of IPL treatment provided:

- hair reduction
- skin rejuvenation
- skin pigmentation
- acne treatment

The Lumenis M22 machine is a multi-platform machine that is also capable of operating as a Class 4 laser by changing the hand piece. We were informed that a laser hand piece was not provided in the establishment. We were satisfied that staff were aware that should a laser hand piece be provided for the Lumenis M22 machine a variation to registration application should be submitted to RQIA to add the following category of care to the registration of the establishment: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.

3.0 Service details

Organisation/Registered Provider: Martina Collins Dental and Skin Ltd Responsible Individual: Ms Martina Collins	Registered Manager: Mrs Holly Houston
Person in charge at the time of inspection: Mrs Holly Houston	Date manager registered: 1 July 2019
Categories of care: Independent Hospital (IH) – Dental Treatment and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	Number of registered places: Three

Martina Collins Dental & Skin Clinic Ltd also operates a registered dental practice in Hillsborough. Ms Collins is the Responsible Individual for Martina Collins Dental & Skin Ltd.

4.0 Inspection summary

We undertook an announced inspection on 23 March 2021 from 14:00 to 15:30.

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).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; IPL safety; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Holly Houston, Registered Manager, as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 February 2020

The most recent inspection of the establishment was an announced care inspection.

4.3 Review of areas for improvement from the last care inspection dated 19 February 2020

There were no areas for improvement made as a result of the last announced care inspection.

5.0 How we inspect

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

We issued posters to the practice prior to inspection inviting patients and staff to complete an electronic questionnaire. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.9 of this report.

We undertook a tour of some areas of the premises, met with Mrs Holly Houston, Registered Manager; a dental nurse; and a receptionist; and reviewed relevant records and documents in relation to the day to day operation of the practice.

The findings of the inspection were provided to Mrs Houston at the conclusion of the inspection.

6.0 Inspection findings

6.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic and the application of the Health and Social Care Board (HSCB) operational guidance with staff. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed that Martina Collins Dental and Skin had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced infection prevention and control procedures; and the patient pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 Management of medical emergencies

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during August 2020. We found that this training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac

emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement: Management of medical emergencies

We identified no areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of some areas of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that these areas of the practice were fully equipped to meet the needs of patients.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We confirmed 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 PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of

the audit was discussed during regular staff meetings. Mrs Houston informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We found that no new clinical staff had been employed since the previous inspection. Mrs Houston told us that records were retained to evidence the Hepatitis B immunisation status of all clinical staff. Mrs Houston informed us that any new clinical staff member, new to dentistry, would be automatically referred to Occupational Health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding IPC.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit completed on 21 September 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.

We found that appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser, had been provided to meet the requirements of the practice. Staff informed us that the DAC Universal had recently faulted and therefore was not in use. Records reviewed confirmed the DAC Universal had been promptly reported for repair. We found that in the interim reusable dental handpieces were being manually cleaned, prior to sterilisation. We advised that dental handpieces, compatible with the automated validated process, should be processed in the washer disinfector if the DAC Universal is not operating. We discussed this with Mrs Houston who assured us that compatible dental handpieces would be processed using the washer disinfector with immediate effect.

We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

We found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

Areas of good practice: Decontamination of reusable dental instruments

We found Mrs Houston and other staff spoken with were very receptive of advice and information provided regarding the processing of reusable dental handpieces and were keen to ensure compliance with best practice as outlined in HTM 01-05. We confirmed staff were proactively auditing practice, taking action when issues were identified and ensuring they had the knowledge and skills to ensure standards were maintained.

Areas for improvement: Decontamination of reusable dental instruments

We identified no further areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Intense Pulse Light (IPL) arrangements

We reviewed the arrangements in respect of the safe use of the IPL equipment.

We reviewed the IPL safety file and found that it contained all of the relevant information in relation to the laser. We confirmed that a Laser Protection Advisor (LPA) had been appointed. We found the service level agreement between the establishment and the LPA was renewed on 15 February 2021.

We found up to date Local Rules in place, which have been developed by the LPA, and these contained the relevant information pertaining to the laser equipment being used.

We confirmed that two authorised operators usually work in the clinic. However, both operators have been furloughed in light of the current restrictions affecting closed contact services. In accordance with best practice guidance, authorised operators must sign and date the authorised operator register. The purpose of signing the register is to confirm that they have read and understood the Local Rules and medical treatment protocols. We reviewed the authorised operator register and evidenced that it had been signed by both authorised operators and was up to date. Mrs Houston was aware that should new authorised operators commence employment that they should sign this register.

We reviewed the medical treatment protocols produced by Ms Collins and confirmed that arrangements were in place to review the medical treatment protocols every year.

We noted the medical treatment protocols set out the arrangements in relation to the following:

- contraindications;
- technique;
- pre-treatment tests;
- pre-treatment care;
- post-treatment care;
- recognition of treatment-related problems;
- procedure if anything goes wrong with treatment;
- permitted variation on machine variables; and
- procedure in the event of equipment failure.

We reviewed the LPA risk assessment of the premises, undertaken on 15 February 2021, and noted the issues identified have been addressed by the laser protection supervisor (LPS).

We confirmed that Local Rules were in place and were dated 15 February 2021. We confirmed arrangements are in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed they included the following:

- the potential hazards associated with the laser;
- controlled and safe access;
- authorised operators' responsibilities;
- methods of safe working;
- safety checks;
- personal protective equipment;
- prevention of use by unauthorised persons; and
- adverse incident procedures.

We established that Ms Collins is the LPS and has overall on-site responsibility for safety during laser treatments. We confirmed that Ms Collins was recorded as the LPS within the Local Rules.

We reviewed training records and evidenced that both authorised operators had up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, safeguarding adults and fire safety.

We found other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

We confirmed that a laser register had been maintained for every time the laser was operated and includes:

- the name of the person treated;
- the date;
- the operator
- the treatment given;
- the precise exposure; and

- any accident or adverse incident.

Mrs Houston told us that an initial consultation is undertaken and clients are asked to complete a health questionnaire. Mrs Houston confirmed that systems were in place to contact the client's general practitioner, with their consent, for further information if necessary.

We confirmed that electronic and paper client records were retained. We reviewed a selection of client care records and found an accurate and up to date treatment record for every client which includes:

- client details;
- medical history;
- signed consent form;
- skin assessment (where appropriate);
- patch test (where appropriate); and
- record of treatment delivered including the number of shots and fluence settings (where appropriate).

We reviewed the IPL treatment room. The IPL treatment room should be controlled to protect other persons while treatment is in progress. We noted the door to the treatment room can be locked when the laser machine is in use but can be opened from the outside in the event of an emergency. We confirmed that the treatment room is a controlled area that is clearly defined and not used for other purposes, or as access to areas when treatment is being carried out.

Mrs Houston was aware that when laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

We confirmed that protective eyewear was available for the client and operator as outlined in the local rules.

We observed laser safety warning sign and confirmed these will be displayed when the IPL is in use and removed when not in use, as described within the Local Rules.

We confirmed that the IPL machine is operated using a passcode. We reviewed the arrangements in relation to the safe custody of the passcode and confirmed the arrangements to be satisfactory.

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report dated 7 October 2020 was reviewed as part of the inspection process.

We observed a carbon dioxide (CO₂) fire extinguisher suitable for electrical fires was provided. We confirmed that the fire extinguishers had been serviced in keeping with the manufacturer's instruction.

	Regulations	Standards
Areas for improvement	0	0

6.6 Visits by the Registered Provider (Regulation 26)

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. We established that Ms Collins, Responsible Individual, was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.7 Nitrous oxide risk assessment

Nitrous Oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures, or the treatment of particular individuals. On 6 September 2017 the Northern Ireland Adverse Incident Centre (NIAIC) issued an alert about the risks associated with nitrous oxide waste gases. This alert included specific actions to be taken by practices offering inhalational sedation.

On 3 February 2021 the Public Health Agency in conjunction with the HSCB issued a reminder of best practice guidance with regard to the NIAIC alert issued on 6 September 2017.

We discussed the NIAIC alert with Mrs Houston who told us that inhalation sedation is not offered in Martina Collins Dental and Skin and that should they offer inhalation sedation in the future they will adhere to best practice guidance as specified in the NIAIC alert.

6.8 Equality data

We discussed the arrangements in place regarding 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. Staff demonstrated that equality data collected was managed in line with best practice.

6.9 Patient and staff views

The practice distributed questionnaires to patients on our behalf and seven patients submitted responses to RQIA. We found all patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Additional comments included in submitted questionnaire responses indicated that patients were highly satisfied with the dental care and treatment provided by Martina Collins Dental and Skin.

No staff submitted questionnaire responses to RQIA were provided to RQIA prior to the inspection. Staff spoken with during the inspection indicated they enjoyed working in the practice and felt well supported.

6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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



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