

Announced Care Inspection Report

3 March 2021



Donaghadee Dental Centre

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

Address: 55-57 High Street, Donaghadee BT21 0AQ

Tel No: 028 9188 2572

Inspector: Winnie Maguire

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 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
- governance arrangements and review of the report of the visits undertaken by the registered provider in line with Regulation 26, where applicable
- review of the areas for improvement identified during the previous care inspection (where applicable).

2.0 Profile of service

Donaghadee Dental Centre is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has three registered dental surgeries and provides general dental private and National Health Service treatment without sedation.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited Responsible Individual: Mrs Monica Shah	Registered Manager: Ms Lyndsey Tipping
Person in charge at the time of inspection: Ms Lyndsey Tipping	Date manager registered: 9 September 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

Dental World 1 Limited is the Registered Provider for nine dental practices registered with RQIA. Mrs Monica Shah is the Responsible Individual for Dental World 1 Limited.

4.0 Inspection summary

We undertook an announced inspection on 3 March 2021 from 11:00 to 13:15.

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 undertook a tour of some areas of the premises, met with Ms Lyndsey Tipping, Registered Manager and a dental nurse, and reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies and decontamination of reusable dental instruments.

We identified issues in relation to the practice's adherence to the Health and Social Care Boards (HSCB) Preparation for the Re-establishment of the General Dental Services - Operational Guidance with respect to providing appropriate ventilation for dental treatments using aerosol generating procedures (AGPs). We were concerned that the issues identified may also have occurred in other practices within the Dental World 1 Limited group and we were informed the Group Cluster Manager that one other surgery in another practice was affected. We have addressed this within the report for that practice.

Following consultation with senior management in RQIA, we invited Mrs Monica Shah, Responsible Individual, to a serious concerns meeting on 16 March 2021 to discuss the issues identified in relation to infection prevention and control, ventilation, the implementation of best practice guidance and the governance and oversight arrangements within Dental World 1 Limited. During the meeting Mrs Shah and her senior management team provided a full account of the actions taken to address the issues identified and to ensure the improvements necessary to achieve compliance with the regulations. We requested that a robust action plan be submitted to RQIA by 23 March 2021. Additional information in this regard can be found in sections 6.1 and 6.3 of this report and four areas for improvement against the regulations have been made.

RQIA will continue to monitor and review the quality of service provided in Donaghadee Dental Care. If the actions outlined in the submitted action plan or QIP are not addressed this may lead to further enforcement action.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	4	0

Details of the quality improvement plan (QIP) were discussed with Ms Monica Shah, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 11 February 2020

The most recent inspection of Donaghadee Dental Centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector at this care inspection.

4.3 Review of areas for improvement from the last care inspection dated 11 February 2020

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 13.2 Stated: First time	The Registered Person shall ensure that all single use devices are treated as single use and disposed of following use in accordance with best practice in Northern Ireland.	Met
	Action taken as confirmed during the inspection: We confirmed with staff that all single use devices are treated as single use and disposed of following use in accordance with best practice in Northern Ireland (NI).	

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
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. No completed patient or staff questionnaires were submitted to RQIA.

During the inspection, we spoke with Ms Tipping and a dental nurse.

The findings of the inspection were provided to Ms Tipping at the conclusion of the inspection and to Mrs Monica Shah, Responsible Individual, at the serious concerns meeting held on 16 March 2021.

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 with Ms Tipping and application of the Health and Social Care Board (HSCB) operational guidance. Whilst most of the COVID -19 precautions outlined in the Health and Social Care Board (HSCB) Preparation for the Re-establishment of the General Dental Services - Operational Guidance guidance had been complied with, recent changes in relation to the cessation of AGPs in dental surgeries without mechanical or natural ventilation had not been complied with. This matter is further outlined in section 6.3.

We found the systems and processes for reviewing and interpreting new guidance at a corporate level required to be strengthened to ensure that any changes were implemented into practice. This was acknowledged by Dental World 1 Limited senior management team at the serious concerns meeting on 16 March 2021. We identified an area of improvement under the regulations to strengthen the systems and processes for reviewing, implementing and assuring any new best practice guidance and ensure that clear clinical and operational direction from a corporate level is disseminated in a timely manner to all practices.

We also raised concerns at the serious concerns meeting regarding individual dentists within the group receiving the updated guidance directly from HSCB and continuing to carry out AGP's in non-ventilated surgeries without raising this as a concern. We identified an area of improvement under the regulations to ensure that individual dentists are aware of, understand and adhere to the most up to date version of the HSCB Operational Guidance in its entirety and any other relevant best practice guidance documents in line with their professional scope of practice.

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

We confirmed the practice had identified a COVID-19 lead; had reviewed and amended some policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing and prepare staff.

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

We identified two areas of improvement under the regulations in relation to management of operations in response to Covid-19 pandemic regarding the review, implementation and assurance of best practice guidance by individual dentists and Dental World 1 Limited.

	Regulations	Standards
Areas for improvement	2	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 were advised that due to the impact of the COVID-19 pandemic the practice had been unable to access medical emergencies training for staff. We were informed this training will be delivered to staff on 16 and 24 March 2021. We found that this training will include first aid and scenario-based exercises that simulate medical emergencies that have the potential to occur in a dental practice. These include; 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.

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.

As previously stated, we established that AGPs had been undertaken in two surgeries without appropriate mechanical or natural ventilation in place, which has the potential to increase the risk of the aerosol transmission of a virus to patients and staff. Both affected surgeries had air purifiers installed to clean the air which management incorrectly believed constituted mechanical ventilation.

We were concerned that the issues identified may also have occurred in other practices within the Dental World 1 Limited group and we were informed by the Group Cluster Manager that one other surgery in another practice was affected. We have addressed this within the report for that practice. We were given assurances by the Group Cluster Manager that all AGPs in the identified surgeries, in both dental practices had ceased from 3 March 2021.

We identified an area of improvement under the regulations to ensure that AGP's are not performed in surgeries without natural ventilation until mechanical ventilation is installed and approved by a competent person, in line with (HTM 03-01) - Heating and ventilation of health sector buildings. Approval should be sought from RQIA before recommencing AGP's in the surgeries identified within Donaghadee Dental Centre and the other affected practice.

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. Ms Tipping 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 noted that two clinical staff had been recruited during 2020/21. We reviewed the personnel records of both staff and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had either been generated by the staff member's GP or by an occupational health department. Ms Tipping was aware newly recruited clinical

staff members, who were new to dentistry, should 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 found that the practice audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool.

Areas for improvement: Infection prevention and control

We identified an area of improvement under the regulations in relation to providing adequate ventilation when undertaking AGPs.

	Regulations	Standards
Areas for improvement	1	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 during 5 November 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 and a steam steriliser had been provided to meet the requirements of the practice. 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 the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

Areas for improvement: Decontamination of reusable dental instruments

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

	Regulations	Standards
Areas for improvement	0	0

6.5 Visits by the Registered Provider (Regulation 26)

We established that an unannounced quality monitoring visit on behalf of the registered provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

As discussed in section 3.0, Donaghadee Dental Centre is operated by Dental World 1 Limited. Mrs Monica Shah is the Responsible Individual for Dental World 1 Limited and she nominates a member of the senior management team to undertake the unannounced quality monitoring visits on her behalf. We evidenced that Mrs Shah receives a copy of the report generated, for review and sign off. We reviewed the most recent unannounced quality monitoring visit report dated 11 September 2020. We evidenced that an action plan was developed, to address any issues identified during the visit, including timescales and persons responsible for completing the actions. We were told that these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

As stated previously we raised concerns in relation the oversight and governance arrangements within Dental World 1 Limited. The senior management team acknowledged that the governance structures required to be strengthened. We were advised during the serious concerns meeting that there have been fundamental changes in the Dental World 1 Limited management structure, a new Clinical Lead is to be appointed for NI and a Regional Manager position is to be created with three area managers supporting this role. We received assurances from Mrs Shah and the senior management team that this will reinforce the governance structures across the group and provide the required assurance of compliance with regulations, minimum standards and best practice guidance.

We requested that Mrs Shah submits a robust action plan to RQIA by 23 March 2021, with clear articulated actions in place that include the actions to be taken; by whom; and within a specified timescale and outlining the systems and processes for reviewing and interpreting any new guidance at a corporate level, assessing the impact, recording the decision making process, providing clear operational and clinical direction to all staff and assuring the implementation of and compliance with the guidance. To ensure ongoing compliance we identified an area of improvement under the regulations on establishing robust governance structures and arrangements.

Areas of good practice

We evidenced that reports documenting the findings of visits by the registered provider were maintained and these evidenced that the visits were in keeping with the legislation.

Areas for improvement

We identified an area for improvement under regulation in relation to governance arrangements.

	Regulations	Standards
Areas for improvement	1	0

6.6 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 Ms Tipping who told us that inhalation sedation is not offered in Donaghadee Dental Practice and that should they offer inhalation sedation in the future they will adhere to best practice guidance as specified in the NIAIC alert.

6.7 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. Ms Tipping told us that equality data collected was managed in line with best practice.

6.8 Patient and staff views

As previously stated no completed patient or staff questionnaires were submitted to RQIA.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	4	0

7.0 Quality improvement plan

We identified areas for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with Ms Tipping, Mrs Shah, Responsible Individual, and her senior management team, 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.

7.1 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (1) (b) Stated: First time To be completed by: 3 April 2021	<p>The registered person shall strengthen the systems and processes for reviewing and interpreting any new guidance at a corporate level, assessing the impact, recording the decision making process, providing clear operational and clinical direction to all staff and assuring the implementation of and compliance with the guidance.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: clear structure put in place on how the group receives, interprets and relays and implements any changes required from updated guidance received to the practices.</p>
Area for improvement 2 Ref: Regulation 15 (1) Stated: First time To be completed by: 3 April 2021	<p>The registered person shall ensure that individual dentists who work in the Dental World 1 Limited group are aware of, understand and adhere to the most up to date version of the HSCB Preparation for the Re-establishment of the General Dental Services - Operational Guidance in its entirety and any other relevant best practice guidance documents within their professional scope of practice.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: associates to be part of the structure on guidance interpretation and implementation within the practices</p>
Area for improvement 3 Ref: Regulation 15(7) Stated: First time To be completed by: 3 March 2021	<p>The registered person shall ensure that AGPs are not performed in surgeries without natural ventilation until mechanical ventilation is installed and approved by a competent person, in line with (HTM 03-01) - Heating and ventilation of health sector buildings. Approval should be sought from RQIA before recommencing AGP's in the surgeries identified within Donaghadee Dental Centre.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: AGPs' not carried out in surgerys without appropriate ventilation</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p>	<p>The registered person shall establish clear and robust governance structures and arrangements to ensure compliance with regulations, minimum standards and best practice guidance.</p> <p>Ref: 6.5</p>
<p>To be completed by: 3 April 2021</p>	<p>Response by registered person detailing the actions taken: governance structure being strengthened with the addition of new Operations manager (Matthew Robertson) who along with Monica Shah (overall responsible person) and Amr Nosier (clinical director) will support local management to ensure compliance with regulations, minimum standards and best practice guidance</p>

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



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