

# Inspection Report

24 May 2021



## Donaghadee Dental Centre

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

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Mrs Monica Shah	<b>Registered Manager:</b> Mrs Leanne Whiteside – acting no application submitted
<b>Person in charge at the time of inspection:</b> Mrs Leanne Whiteside	<b>Number of registered places:</b> Three
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> <p>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 private and health service treatment without sedation.</p> <p>Following the previous inspection the registered manager resigned and a notification of absence was submitted to RQIA and approved to appoint Mrs Whiteside as acting manager.</p> <p>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.</p>	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 May 2021 from 10.00am to 2.20pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

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

### **3.0 How we inspect**

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

### **4.0 What people told us about the practice**

We were unable to meet with patients on the day of the inspection. Posters were issued to Donaghadee Dental Centre before the inspection inviting patients and staff to complete an electronic questionnaire.

No patient questionnaires were submitted before the inspection.

Two staff members submitted electronic questionnaires. One staff member indicated that they felt patient care was safe and effective, that patients were treated with compassion and that the service was well led and indicated that they were very satisfied. However one staff member indicated that they were not satisfied that patient care was safe, that patients were treated with compassion and that the service was well led. No comments were included in both of the questionnaires submitted. The questionnaires were discussed with Mrs Whiteside and the group cluster manager during the inspection.

All staff spoken with talked about the practice in positive terms and no areas of concern were raised throughout the inspection.

### **5.0 The inspection**

#### **5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Donaghadee Dental Centre was undertaken on 3 March 2021 and four areas for improvement were identified.

Enforcement action resulted from the findings of the last inspection and a serious concerns meeting was held 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. Following the meeting a robust action plan was submitted to RQIA detailing the actions taken to address the issues identified and to ensure the improvements necessary to achieve compliance with the regulations.

Areas for improvement from the last inspection on 3 March 2021		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 15 (1) (b)  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Following the serious concerns meeting a robust action plan was submitted to RQIA detailing the systems and processes for reviewing and interpreting any new guidance.</p> <p>The action plan detailed how the dentists in the practice ensure that any new guidance issued from the Health and Social Care Board (HSCB) and any other relevant best practice guidance documents are forwarded to Mrs Whiteside and the group cluster manager.</p> <p>Mrs Whiteside and the group cluster manager review all guidance documents and share relevant new guidance with the staff in the practice and with the Dental World 1 compliance team.</p> <p>The compliance team interprets and processes the guidance and ensures that it is implemented and staff are complaint with any guidance received.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 15 (1)  <b>Stated:</b> First time	<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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A copy of the most up to date version of the HSCB Preparation for the Re-establishment of the General Dental Services - Operational Guidance was available and dentists spoken with confirmed they understood and adhered to this guidance and any other relevant best practice guidance documents within their professional scope of practice.</p>	
<p><b>Area for Improvement 3</b> <b>Ref:</b> Regulation 15 (7) <b>Stated:</b> First time</p>	<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 Bradbury Dental Centre.</p> <p><b>Action taken as confirmed during the inspection:</b> Following the previous inspection assurances were given that Aerosol Generated Procedures (AGP) had ceased to be performed in the identified surgeries until mechanical ventilation had been installed.</p> <p>On 20 and 23 April 2021 RQIA received evidence that mechanical ventilation had been installed and approved in the identified surgeries in line with (HTM 03-01) - Heating and ventilation of health sector buildings. A risk assessment had been carried out and fallow times calculated in line with best practice guidance.</p> <p>Approval had been sought and subsequently granted from RQIA to recommence AGP's in the surgeries identified.</p>	<b>Met</b>
<p><b>Area for Improvement 4</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> 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><b>Action taken as confirmed during the inspection:</b> Following the serious concerns meeting a robust action plan was submitted to RQIA</p>	<b>Met</b>

	<p>detailing the revised governance structures.</p> <p>This included details of a newly formed compliance team established to ensure compliance with regulations, minimum standards and best practice guidance. Governance structures have also been strengthened to include the appointment of a clinical lead to support the clinical team and a new operations manager to support the registered managers within Northern Ireland (NI).</p>	
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## 5.2 Inspection findings

### 5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the practice. Mrs Whiteside agreed to make a minor amendment to the policy following the inspection and share this with the Dental World 1 Limited compliance team who are responsible for updating corporate policies.

Mrs Whiteside and the group cluster manager oversee the recruitment and selection of the dental team, approve all staff appointments and are supported by the operations manager for Dental World 1 Limited. Discussion with Mrs Whiteside confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information and was kept up to date.

Four personnel files were reviewed and evidenced that relevant recruitment records had been sought, reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that where a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance.

### 5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Mrs Whiteside discussed training undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice. It was advised that one of the most recent inductions should be fully completed and signed by both the inductor and the inductee.

A record is kept of all training (including induction) and professional development activities undertaken by staff were retained in each staff member's personnel file. An overarching training record that included mandatory training topics was in place to provide a mechanism for Mrs Whiteside and Dental World 1 management to have up to date oversight and awareness of completed staff training within the practice at any given time.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

### 5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

There was a system in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during February and April 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

#### **5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?**

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Mrs Whiteside confirmed that conscious sedation is not provided.

#### **5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?**

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Staff told us there was a nominated lead who had responsibility for IPC and decontamination in the practice.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and retained in the staff members' personnel file.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.



### 5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

There were a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice.

Staff told the inspector that the washer disinfectant was broken and had been out of operation since March 2021. Mrs Whiteside and the group cluster manager provided evidence of the action taken to address this issue and confirmed that a new part had been ordered for the washer disinfectant and they were awaiting delivery. Staff confirmed that since the washer disinfectant has not been operational all reusable dental instruments have been manually cleaned prior to sterilisation in line with best practice. It was advised that best practice outlines that all reusable dental instruments should be cleaned and sterilised using an automated process. Mrs Whiteside has given assurances that she will address this issue as a matter of urgency.

The records showed the steriliser used for sterilising instruments were inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machine had been undertaken.

There was a lead for IPC as recommended by the published guidance. The lead had undertaken IPC training in line with their continuing professional development and had retained the necessary training certificates as evidence.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

### 5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the HSCB operational guidance and focused on; social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

### 5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients; visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that the dental team have been entitled by the RPS for their relevant duties and have received training in relation to these duties. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and x-ray audits.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

The equipment inventory evidenced that the practice has three surgeries, each of which has an intra-oral x-ray machine. A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

### **5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?**

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.

Mrs Whiteside is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. 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 monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were available for inspection. Mrs Whiteside confirmed that the most recent report had been sent to the registered provider to enable them to monitor progress with the identified actions.

### **5.2.10 Are complaints being effectively managed?**

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

There were separate complaints policies and procedures in place, one for health service patients and one for private patients that provided clear instructions for the patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

#### **5.2.11 Does the dental team have suitable arrangements in place to record equality data?**

The arrangements concerning 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 staff. Staff advised that equality data collected is managed in line with best practice.

### **6.0 Conclusion**

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

### **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Whiteside and the group cluster manager as part of the inspection process and can be found in the main body of the report.



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