

Unannounced Inspection Report 11 February 2020



Dundonald Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1003 Upper Newtownards Road, Dundonald, BT16 1RN
Tel No: 028 90483240
Inspector: Bridget Dougan

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



2.0 Profile of service

This is a registered dental practice with three registered places. Dental World 1 Limited is the registered provider for ten dental practices registered with RQIA. Mrs Monica Shah is the responsible individual for Dental World 1 Limited.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited Responsible Individual: Mrs Monica Shah	Registered Manager: Ms Megan Bell
Person in charge at the time of inspection: Mrs Kelly Richards	Date manager registered: 6 June 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 19 November 2019

The most recent inspection of the Dundonald Dental Centre 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 19 November 2019

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 8.3 Stated: First time	The registered person shall ensure that the formatting and recording of annual justification and clinical evaluation recording audit is improved to provide sufficient evidence.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed during this inspection.	

5.0 Inspection Summary

An unannounced inspection was undertaken on 11 February 2020 from 10.00 to 16.00.

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).

Following receipt of information being received by RQIA, from an anonymous source, unannounced inspections were undertaken by RQIA inspectors to nine practices within the Dental World 1 Limited group. The information received alleged issues in relation to patient safety and financial irregularities.

RQIA have a memorandum of understanding with the Health and Social Care Board (HSCB) and due to the issues raised in relation to financial irregularities the information received by RQIA was shared with the HSCB. The focus of our inspection was to review the issues raised by the anonymous source.

A template to record the findings of the inspection was developed to ensure consistency. Areas examined included decontamination, supply and use of personal protective equipment (PPE) and single use equipment, the management of medical emergency medicines and equipment, staff training, the arrangements to accommodate patients with additional needs; staff/patient surveys, management of complaints, which staff work in which practices and the role of the Clinical Director; overall governance of the practice including a review of the unannounced monitoring visits by the registered provider.

It is not within the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

During the inspection the inspector met with two assistant dentists, a dental nurse and two trainee dental nurses. A tour of the premises was also undertaken.

The issues raised by the anonymous source were not substantiated by RQIA or HSCB. Areas for improvement were identified.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

On 13 February 2020, we provided feedback to Ms Monica Shah, responsible individual, Mr Suken Shah, director Dental World 1, Ms Jill Shiells, registered manager for two dental practices within the Dental World 1 group and Ms Lyndsay Reid, Business Development Support Manager for Dental World 1. Additional information can be found in section 7.1. of this report.

6.0 Inspection Findings

6.1 Staffing

We reviewed the staff register and found that there appeared to be sufficient staff in various roles to fulfil the needs of the patients. Staff told us that, generally they had no concerns in relation to staffing levels. One staff member stated “it can be a struggle if a dental nurse is off sick on a Tuesday. We would have to cancel a session if we were unable to get a dental nurse from another practice”. This was discussed with Ms Bell following the inspection, for follow up as appropriate. It was observed that staff duty rotas were not available and the person in charge confirmed that none were kept. This has been identified as an area for improvement against the regulations.

We determined that appropriate systems were in place to ensure that all relevant staff were on the live General Dental Council (GDC) register.

6.2 Staff training

We reviewed training records and found that the system in place was not sufficiently robust to ensure that all staff receives appropriate training to fulfil the duties of their role in keeping with the RQIA training guidance.

Records reviewed and discussion with staff evidenced that the following training had been undertaken by the majority of staff:

- management of medical emergencies
- safeguarding children and adults
- decontamination/infection prevention and control
- radiology and radiation safety

Gaps in training records were identified and training records for some staff were unavailable. This has been identified as an area for improvement against the regulations.

6.3 Management of medical emergency medicines and equipment

We reviewed the arrangements in respect of the management of a medical emergency. We found evidence that that, in the main, emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that Buccolam pre-filled syringes in 2.5 mg and 5 mg doses and a box of dispersible Aspirin 300mg had exceeded their expiry dates. This was discussed with the person in charge who readily agreed to purchase additional stock. Following the inspection, confirmation was received from Ms Bell that sufficient stock of Buccolam pre-filled syringes to ensure adherence to HSCB guidance and dispersible Aspirin had been ordered.

We found that the system in place was not sufficiently robust to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the case of a medical emergency. This has been identified as an area for improvement against the standards.

A review of staff training records and discussion with staff confirmed that the management of medical emergencies is included in the staff induction programme and that training is updated on an annual basis in keeping with best practice guidance. Staff last completed medical emergency refresher training on 13 February 2019. As discussed in section 6.2, training records were unavailable for two members of staff and an area for improvement has been identified accordingly.

Staff 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.

6.4 Decontamination of reusable dental instruments

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

We reviewed the processes for the decontamination of reusable dental instruments and confirmed that best practice as outlined in Decontamination in primary care dental practices (HTM 01-05) is being achieved. We confirmed that decontamination processes are being audited using the Infection Prevention Society (IPS) tool as specified in HTM 01-05.

We reviewed current practice and 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.

We observed appropriate equipment, including a washer disinfectant and steam steriliser, has been provided to meet the practice requirements. We confirmed the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Staff told us that the steam steriliser data logger was broken and that periodic tests had been undertaken, however review of equipment logbooks evidenced that these had not been consistently recorded in keeping with HTM 01-05. This has been identified as an area for improvement against the standards.

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

6.5 Management of single use devices

We reviewed the management of single use devices to ensure adherence to HTM 01-05. We found that staff were aware of which dental instruments are single use devices or suitable for decontamination. We checked clinical and storage areas and evidenced that single use devices were only used for single-treatment episodes and were disposed of following use.

Discussion with two dentists confirmed that there are not always sufficient dental instruments to meet the demands of the two surgeries. We were informed that the specific type/size of dental reamers and files required were not always available, resulting in delays and at times, cancellation of patient appointments. This has been identified as an area for improvement against the standards.

6.6 Provision and use of personal protective equipment (PPE)

We observed adequate supplies of PPE in all clinical areas. PPE available included single use gloves, heavy duty reusable gloves, face masks and visors, eye protection and aprons. Staff described to us how they use, when they change and dispose of PPE.

We discussed the ordering of PPE with the person in charge and we were informed that PPE is ordered monthly.

6.7 Environment

The practice has three surgeries; two surgeries are located on the ground floor and one is located on the first floor. All three surgeries are currently in operation. An area for improvement against the regulations has been identified in respect of surgery two on the ground floor. The following issues must be addressed:

- Dental chair unit conveyor belt is broken
- Dental unit waterline: We were advised that the slow hand piece has been broken since November 2019
- Suction unit: the water outlet is leaking
- Rust stains were observed around the dental chair

6.8 Complaints management

We reviewed the arrangements in respect of complaints and confirmed that there was a complaints policy and procedure in place; however this was not in accordance with legislation and DoH guidance on complaints handling. The role of the HSC Board, RQIA and the Patient and Client Council had not been identified. This has been identified as an area for improvement against the standards.

We were informed that 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. We discussed the arrangements in respect of complaints management with staff.

We reviewed complaints records and confirmed that complaints received had been managed appropriately. Records pertaining to complaints reviewed evidenced they included details of the investigation undertaken, all communication with complainants and the outcome of the complaint. The complainant's level of satisfaction had not been recorded and an area for improvement has been made in this regard.

Arrangements were in place to share information about complaints and compliments with staff. We confirmed with Ms Bell, following the inspection, that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

6.9 Management and governance arrangements

We reviewed the governance arrangements and managerial oversight. We confirmed there was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

We were advised prior to the inspection that Dental World 1 Limited had recently appointed a Clinical Director for Northern Ireland. However, we found that staff spoken with did not have an understanding of who the Clinical Director was, what their role entailed or how to contact them. This is discussed further in section 7.1 of this report.

6.10 Regulation 26 visits

Where the 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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Shah had nominated a registered manager within the Dental World 1 Limited to undertake the Regulation 26 visits on her behalf. We reviewed one Regulation 26 unannounced quality monitoring visit report dated 27 September 2019. This was the only quality monitoring report available on the day of the inspection. We noted that this report was not signed by Mrs Shah.

We were informed these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read. We confirmed that the Regulation 26 report included an action plan to address any issues identified. We noted that the action plan did not include timescales or details of the person responsible for completing the action. This has been identified as an area for improvement against the regulations.

A review of the report generated to document the findings of Regulation 26 visits evidenced that the visit was in keeping with the legislation. However, we advised that the template used to undertake Regulation 26 visits should be reviewed and updated to ensure it provides the necessary assurance to the Registered Provider and further enhances quality improvement initiatives within Dental World 1 Limited. Additional information in this regard can be found in section 7.1 of this report.

6.11 Arrangements to accommodate patients with additional needs

We reviewed the arrangements in respect of patients with additional needs. We found that staff were aware of the procedure to be followed in respect to patients with additional needs. Staff informed us that an electronic record would be made; this would take the form of a pop up note to alert staff of the identified need. Staff informed us that all patients are treated with dignity and respect and fully informed and involved in making decisions in regards to their care and treatment.

6.12 Patient questionnaires

Prior to RQIA inspections we issue patient questionnaire to the practice to distribute to patients. We discussed this with staff who confirmed that they distribute these to patients to complete and return to RQIA. Staff spoken with confirmed that they had not completed and returned patient questionnaires.

7.0 Feedback to Registered Provider

7.1 Dental World 1 Limited Corporate Governance

On 13 February 2020, we provided feedback to Ms Monica Shah, Responsible Individual, Mr Suken Shah, Director, Dental World 1 Limited, Ms Jill Shiells, Registered Manager for two dental practices within the Dental World 1 Limited group and the Business Development Support Manager for Dental World 1 Limited.

This feedback focused on the corporate governance themes arising from the nine unannounced inspections undertaken in response to information shared with RQIA from an anonymous source.

During the feedback we also presented the findings of the HSCB dental advisors. The HSCB were unable to substantiate any of the claims made in relation to financial irregularities and indicated that they had no major concerns.

We confirmed that the concerns raised by the anonymous source were unsubstantiated. However, we identified some common themes and areas in relation to corporate governance that could be strengthened.

In respect of complaints management we found that complaints were not being consistently managed across all nine sites. We found inconsistencies in relation to staff recognising and recording complaints. We reinforced that, from a governance perspective, complaints are a valuable source of information which may help to identify trends and patterns not immediately apparent. We confirmed that the arrangements in regards to complaints management should be strengthened to provide assurance that they are being managed in keeping with best practice guidance and that any learning arising from complaints is shared with staff, imbedded into practice and assured.

In respect of decontamination procedures we identified a number of issues across multiple sites. We found that dental hand pieces were not being decontaminated in accordance with HTM 01-05 in a number of sites. We also found long delays in repairing faulty equipment. In one site we confirmed that endodontic reamers and files were being treated as single patient use by one dentist. The DoH in Northern Ireland have applied a precautionary principal towards reusable endodontic reamers and files in that they should be treated as single use regardless of the manufacturer's designation. We reinforced that Dental World 1 Limited need to focus on the governance of decontamination arrangements to provide assurance that decontamination is being consistently adhered to across all sites.

We identified a number of issues in relation to Regulation 26 visits which are undertaken on behalf of the Registered Provider. We found that in some practices the reports of the unannounced quality monitoring visits were not available or if available the reports had not been signed by Mrs Shah, responsible individual. Whilst Mrs Shah can delegate the task of completing Regulation 26 visits to a nominated individual she remains responsible for reviewing the outcome of the visits and ensuring that all appropriate actions are taken to address any issues identified.

We also evidenced that Regulation 26 visits were not consistently being carried out six monthly in line with legislation. It was concerning to note that the Regulation 26 reports reviewed did not reflect the issues found by RQIA during these inspections. We also noted that the reports did not include a review of the previous quality improvements plans (QIPs) issued by RQIA, where applicable. We advised that the template used to undertake Regulation 26 visits should be reviewed and updated to ensure it provides the necessary assurance to the Registered Provider and further enhances quality improvement initiatives within Dental World 1 Limited.

In respect of the Clinical Director we recognised that this was a newly developed position. This important role will provide clinical advice and support to staff and strengthen their governance structures. However, we found that not all staff spoken with had an understanding of who the Clinical Director was, what their role entailed or how to contact them. We advised that this information should be immediately shared with all staff. We also advised that records of all site visits, minutes of meetings and reports must be held in individual practices. We advised that reports of Regulation 26 visits should be shared with the Clinical Director to ensure that themes and trends are identified and managed across the practices.

Areas for improvement

A record of the rostered shifts for each employee and a record of the hours worked by each person should be maintained.

Each person employed in or for the purposes of the dental practice should receive mandatory training and other appropriate training. Training records should be retained for inspection.

Environmental and equipment issues identified in respect of surgery two should be addressed.

The template used to record the Regulation 26 visit reports should be reviewed and updated.

Periodic tests of decontamination equipment should be completed and equipment logbooks recorded in keeping with HTM 01-05.

The complaints policy and procedure should be reviewed to ensure it is in accordance with legislation and DoH guidance on complaints handling.

Ensure adequate supplies of the required dental reamers and files are available.

A robust checking system should be in place to ensure that emergency medicines and equipment do not exceed their expiry date and are ready for immediate use in the case of a medical emergency.

	Regulations	Standards
Areas for improvement	4	4

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Megan Bell, registered manager, 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.

8.1 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 18 (5) Stated: First time To be completed by: Immediately from date of the inspection	The registered person shall maintain a record of the rostered shifts for each employee and a record of the hours worked by each person. Ref: 6.1 Response by Registered Person detailing the actions taken: I have compiled a weekly roster detailing whom would be reception, associate dentist and accompanying dental nurse. An electronic clock in system (SOBW), allows the verification of who is working and their hours

<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2020</p>	<p>The Registered Person shall ensure that each person employed in or for the purposes of the dental practice receives mandatory training and other appropriate training. Training records should be retained for inspection.</p> <p>Ref: 6.2</p> <hr/> <p>Response by Registered Person detailing the actions taken: All further training will be carried out in accordance to company guidelines. In the current climate all mandatory training will be carried out safely and as soon as possible, whilst carrying out risk assessments when necessary.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2020</p>	<p>The Registered Person shall ensure that in respect of surgery two on the ground floor, the following issues are addressed:</p> <ul style="list-style-type: none"> • Dental chair unit conveyor belt is broken • Dental unit waterline (slow hand piece) is broken • Suction unit: the water outlet is leaking • Rust stains were observed around the dental chair <p>Ref: 6.7</p> <hr/> <p>Response by Registered Person detailing the actions taken: Henry Schein was called out and attended the surgery on the 25th February to fix the conveyor belt, waterline and suction unit. The rust stain has been thoroughly cleaned although some of the stain remains. The means on how to further remove this stain are being looked into. In the future if it becomes necessary to remove the chair, I will also look at replacing the section of Lino.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2020</p>	<p>The Registered Person shall ensure that the template used to record the Regulation 26 visit reports has been reviewed and updated to ensure it provides the necessary assurance to the Registered Provider and further enhances quality improvement initiatives within Dental World 1 Limited. Ensure the following areas are included:</p> <ul style="list-style-type: none"> • timescales and details of the person responsible for completing the action • areas for improvement identified within the QIP are addressed within the specified timescales • reports are countersigned by Ms Monica Shah, responsible individual <p>Ref: 6.10</p> <hr/> <p>Response by Registered Person detailing the actions taken: Head Office and Jill Shiells have further enhanced the template to cover timescale, these reports are then sent to Mrs Monica Shah for her review and signature.</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that periodic tests of decontamination equipment are undertaken and equipment logbooks recorded in keeping with HTM 01-05.</p> <p>Ref: 6.4</p>
<p>To be completed by: Immediately from date of the inspection</p>	<p>Response by Registered Person detailing the actions taken: A Decontamination nurse has been allocated to be held accountable and ensure all tests are being done. The machine in question has been decommissioned, a replacement machine has been installed and validated.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2020</p>	<p>The Registered Person shall ensure that the complaints policy and procedure is in accordance with legislation and DoH guidance on complaints handling. The role of the HSC Board, RQIA and the Patient and Client Council should be included. The satisfaction of the complainant with the outcome of the complaint should be recorded.</p> <p>Ref: 6.8</p>
	<p>Response by Registered Person detailing the actions taken: The complaints policy for both NHS and Private patients has been updated to the Company's policy, which follows guidance from DoH and legislation on complaints handling. It also includes the correct bodies the patient can reach out too in the event of a complaint.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.3</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that the dental premises are equipped with instruments and materials appropriate to the clinical treatment provided. Adequate supplies of the required dental reamers and files should be available.</p> <p>Ref: 6.5</p>
<p>To be completed by: Immediately from date of the inspection</p>	<p>Response by Registered Person detailing the actions taken: A senior dental nurse has been assigned to the ordering process. Orders are being placed on a weekly basis. I will be checking with the dentist on a one to one basis that they have all the materials they require.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of the inspection</p>	<p>The Registered Person shall ensure that there is a robust system in place to ensure that emergency medicines and equipment do not exceed their expiry date and are ready for immediate use in the case of a medical emergency.</p> <p>Ref: 6.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.3</p> <p>Stated: First time 10 March 2020</p> <p>To be completed by: 10 March 2020</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next care inspection:</p> <p>The registered person shall ensure that the formatting and recording of annual justification and clinical evaluation recording audit is improved to provide sufficient evidence.</p> <p>Ref: 4.1</p> <p>Response by Registered Person detailing the actions taken: The annual justification and clinical audits will be carried out in line with other practices. There will be evidence to support the findings to ensure, if any issues arise they are addressed.</p>

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



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