Announced Care Inspection Report
29 January 2021

Dundonald Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1003 Upper Newtownards Road, Dundonald BT16 1RN
Tel No: 028 9048 3240
Inspector: Norma Munn

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; and
- review of the areas for improvement identified during the previous care inspection (where applicable).

2.0 Profile of service

Dundonald 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 services.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Mrs Monica Shah	**Registered Manager:** Ms Linda McVey
Person in charge at the time of inspection: Ms Linda McVey	**Date manager registered:** 27 October 2020
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 29 January 2021 from 09:45 to 12:00 hours.

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, and met with Ms Linda McVey, Registered Manager; an associate dentist; and two dental nurses. We 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; decontamination of reusable dental instruments; and the practice's adherence to best practice guidance in relation to COVID-19. We identified issues in relation to infection prevention and control and the environment and immediately following the inspection we discussed these

issues further with Ms Jill Shiells, Group Cluster Manager for Dental World 1 Limited who gave assurances that the issues identified would be addressed as a matter of urgency.

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 Ms McVey and Ms Shiells 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 11 February 2020

The most recent inspection of Dundonald Dental Centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

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 Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 18 (5) **Stated:** First time	The Registered Person shall maintain a record of the rostered shifts for each employee and a record of the hours worked by each person.	**Met**
	Action taken as confirmed during the inspection: We reviewed a record of staff names and days the staff work each week. We were informed that the practice also has an electronic clocking system that records dates and hours worked by staff.	

Area for improvement 2 **Ref:** Regulation 18 (2) (a) **Stated:** First time	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.	
	Action taken as confirmed during the inspection: We were advised that all staff had received training in keeping with RQIA training guidance. However, not all training records were available to evidence this and Ms McVey was unable to provide an overview of staff training undertaken. We discussed this with Ms McVey and advised that training records are maintained and available for inspection and a more robust system is developed to ensure that, as Registered Manager, she has oversight of staff training undertaken. She has agreed to action this with immediate effect. Following the inspection we received copies of training records that had not been readily available to review on the day of the inspection. We reviewed these training records and confirmed that all staff employed in the practice had received training in keeping with RQIA training guidance.	**Met**
Area for improvement 3 **Ref:** Regulation 15 (1) (c) **Stated:** First time	The Registered Person shall ensure that in respect of surgery two on the ground floor, the following issues are addressed: • Dental chair unit conveyor belt is broken; • Dental unit waterline (slow hand piece) is broken; • Suction unit: the water outlet is leaking; and • Rust stains were observed around the dental chair.	**Met**

	Action taken as confirmed during the inspection: Ms McVey advised that the rust stains around the dental chair had been removed. We were advised that an engineer had visited the practice to repair the conveyor belt, slow hand piece and suction unit on the identified dental chair however the issues identified were not repairable and evidence was provided to confirm that a new dental chair had been ordered and delivered.	
Area for improvement 4 **Ref:** Regulation 15 (1) (c) **Stated:** First time	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: • Timescales and details of the person responsible for completing the action; • Areas for improvement identified within the QIP are addressed within the specified timescales; and • Reports are countersigned by Ms Monica Shah, responsible individual.	**Met**
	Action taken as confirmed during the inspection: We reviewed the most recent report of the unannounced visit dated 26 September 2020. We found the visit had been undertaken by the Responsible Individual's nominated representative, and the report included the timescales and details of the person responsible for completing the action, previous areas for improvement identified within the QIP and the report had been countersigned by Mrs Monica Shah, Responsible Individual. The Regulation 26 visits are discussed further in section 6.6 of the report.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time	The Registered Person shall ensure that periodic tests of decontamination equipment are undertaken and equipment logbooks recorded in keeping with HTM 01-05.	**Met**
	Action taken as confirmed during the inspection: One washer disinfector and one steriliser were located in the decontamination room. We reviewed the logbooks for these pieces of equipment and found that periodic checks had been recorded in keeping with Health Technical Memorandum (HTM) 01-05.	
Area for improvement 2 **Ref**: Standard 9.3	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.	**Met**
	Action taken as confirmed during the inspection: We reviewed the complaints policy and found that it was in accordance with legislation and DoH guidance on complaints handling. The role of the Health and Social Care Board (HSCB), RQIA and the Patient and Client Council had been included.	
Area for improvement 3 **Ref**: Standard 14.3 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: We were informed that the practice has sufficient supplies of dental reamers and files required and the practice was equipped with instruments and materials appropriate to the clinical treatment provided.	

Area for improvement 4 **Ref**: Standard 12.4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: We reviewed records and confirmed that a robust system is 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.	
Area for improvement 5 **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.	**Met**
	Action taken as confirmed during the inspection: We reviewed records and found that annual justification and clinical evaluation audits had been undertaken and recorded.	

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; and
- the returned QIP from the previous care inspection.

We issued posters to the practice prior to the inspection inviting patients and staff to complete and electronic questionnaire. No completed patient and staff questionnaires were returned to us.

The findings of the inspection were provided to Ms McVey at the conclusion of the inspection and Ms Shiells immediately following 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 with Ms McVey and staff, and application of the HSCB operational guidance. 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 the practice 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 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. However, we observed that Buccolam pre filled syringes had not been provided in sufficient doses as recommended by the HSCB and BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and the format and various doses recommended. We advised that additional doses of Buccolam pre filled syringes should be provided as recommended. Following the inspection we received evidence that additional doses of Buccolam pre filled syringes had been provided accordingly.

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 also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available.

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 the staff last completed medical emergency refresher training during January 2021. 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 further 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 identified several issues in relation to IPC that require to be addressed as follows:

- Unblock the hand wash basin in surgery one to allow water to drain effectively;
- Repair or replace the identified area of the staff toilet floor covering and the handle to flush the staff toilet;
- Replace the dirty light switch pull cord in the staff toilet with a wipeable pull cord;
- Repair the hot water tap and replace the ceiling tile in the staff toilet;
- Repair the rips in the headrest on the dental chair in surgery three and ensure the dental chair is fully operational and fit for purpose; and
- Provide orange lidded sharps boxes in keeping with HTM 07-01.

Following the inspection we were informed that the issues identified above had been addressed with the exception of the repair to the headrest on the dental chair in surgery three. We have been informed that the chair has been rendered safe to use and the head rest of the chair will be re upholstered week commencing 22 February 2020.

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 audit process involved one of the dental nurses. Staff told us that the outcome of the audit was discussed during regular staff meetings. We were informed 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 were informed that one staff member had commenced employment since the previous inspection. We reviewed the personnel records regarding this staff member and confirmed that a record was retained to evidence their Hepatitis B vaccination status. We noted this record had been generated by an occupational health (OH) department. Ms McVey told us that all newly recruited clinical staff members, who were 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 further 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 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 observed a steriliser located in surgery two and on enquiry we were informed that this steriliser was not operational as the data logger was not working. We advised staff to remove this steriliser from the surgery and store in a non-clinical environment if non-operational. Following the inspection we were informed that this had been actioned.

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 Additional area examined

Environment

During a tour of the practice we noted that warm water was not available and the temperature of the practice felt cold. On enquiry we were informed that there had been no warm water or heat in the practice for several days due to insufficient supply of oil to operate the oil fired boiler. We discussed this with Ms McVey and advised that oil should be supplied with immediate effect to ensure the practice is adequately heated and warm water is provided. On the afternoon of the inspection we received evidence that oil had been delivered and the practice had a supply of warm water and heat. Following the inspection we discussed this issue further with Ms Shiells who gave assurances that this issue would not reoccur in the future.

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.

As discussed in section 3.0, Dundonald 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 25 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 a result of the issues identified during this inspection in relation to infection prevention and control and the environment we advised that a further unannounced quality monitoring visit is carried out following the inspection to ensure that the issues identified are addressed.

Following the inspection we were informed that an unannounced quality monitoring visit had been undertaken and an action plan developed, to address the issues identified during the visit, including timescales and persons responsible for completing the actions.

Areas of good practice: Visits by the Registered Provider (Regulation 26)

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: Visits by the Registered Provider (Regulation 26)

We identified no further areas for improvement regarding visits by the Registered Provider in line with the legislation.

	Regulations	Standards
Areas for improvement	**0**	**0**

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. Staff told us that equality data collected was managed in line with best practice.

6.8 Patient and staff views

As discussed in section 5.0 of this report we invited patients and staff to complete an online questionnaire. 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	**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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