



# **New Life Teeth**

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 745 Lisburn Road, Belfast BT9 7GW**  
**Tel No: 02895 217533**  
**Inspector: Bridget Dougan**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



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

- management of operations in response to the COVID-19 pandemic
- management of medical emergencies
- infection prevention and control (IPC)
- decontamination of reusable dental instruments
- 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

New Life Teeth 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 four registered dental surgeries and provides orthodontic treatment.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Dental Implant Clinic Ltd T/A New Life Teeth  <b>Responsible Individual:</b> Mr Stuart Lutton	<b>Registered Manager:</b> Ms Yasmin Lutton
<b>Person in charge at the time of inspection:</b> The Practice Manager	<b>Date manager registered:</b> 21 February 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Four (increasing to five following this inspection)

## 4.0 Inspection summary

We undertook an announced variation to registration inspection on 16 March 2021 from 11.00 to 13.00.

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).

A variation to registration application was submitted to RQIA by Mr Stuart Lutton, Responsible Individual. The application was to increase the number of registered dental chairs from four to five.

The purpose of this inspection was to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of registered dental chairs from four to five.

Mr Phil Cunningham, RQIA senior estates inspector, carried out a desk top exercise and reviewed matters relating to the premises and additional information in this regard can be found in section 6.6 of this report.

There were examples of good practice found in relation to infection prevention and control and the maintenance of the environment. Two areas requiring improvement were identified during this inspection in relation to the decontamination of reusable dental instruments and radiology and radiation safety.

We were satisfied that the additional surgery was completed and finished to a high standard. Therefore the variation to registration application to increase the number of registered dental chairs from four to five was approved from a care and estates perspective following this inspection.

The findings of the inspection were provided to the Practice Manager at the conclusion of the inspection.

#### 4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	2

Details of the quality improvement plan (QIP) were discussed with the Practice Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 18 September 2020

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during that inspection.

#### 4.3 Review of areas for improvement from the last care inspection dated 18 September 2020

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

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection

- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the variation to registration application and supporting documents
- the previous care inspection report.

We undertook a tour of some areas of the premises, met the Practice Manager and one dental nurse. We reviewed relevant records and documents in relation to the new surgery and the day to day operation of the practice.

During the inspection we spoke with the Practice Manager and one dental nurse.

## 6.0 Inspection findings

### 6.1 Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

### 6.2 Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

### 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 within the practice and the new surgery and noted that the clinical and decontamination areas were clean, tidy and uncluttered.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance.

The new fifth dental surgery has been established on the first floor, in a room which was previously used as a photographic room. We reviewed the finish in relation to the new dental surgery and noted that the flooring in the surgery was impervious and coved where it meets the walls; the surgery was tidy and uncluttered and work surfaces were intact and easy to clean. Cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices. We provided advice regarding the use of a wipeable cover for the laptop to facilitate easy cleaning and reduce the risk of cross infection.

We observed that a dedicated hand washing basin was available in the surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to the hand wash basin. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available.

We observed that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. The Practice Manager told us that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

We observed that the clinical waste bin in the new surgery was foot operated in keeping with best practice guidance. We confirmed that appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste.

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 personal protective equipment; hand hygiene practice; and waste and sharps management.

The Practice Manager confirmed that IPS audits were completed in a meaningful manner and the outcome of the audit was discussed during regular staff meetings. The Practice Manager 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.

#### **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 two steam sterilisers had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated; however the written scheme of examination which was due on 21 February 2021 had not been completed. Following the inspection, RQIA received confirmation via email that a date had been arranged for the inspection of the pressure vessels.

Equipment logbooks evidenced that periodic tests were in the main undertaken and recorded in keeping with HTM 01-05. It was noted that some daily records had not been completed for a number of days. Staff confirmed that while all periodic tests had been completed, they were not

always recorded. An area for improvement was identified against the standards to ensure that the daily periodic testing of decontamination equipment is recorded contemporaneously.

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.

## **6.5 Radiology and radiation safety**

We reviewed the arrangements in relation to radiology and radiation safety in the new surgery. There is a handheld intra oral x-ray machine for use between the surgeries and in addition, the practice has a cone beam computed tomography (CBCT) machine which is located in a separate room.

We noted that the local rules were not on display in the new surgery; however they were displayed in the room where the x-ray machines were stored. Following the inspection the Practice Manager advised that the local rules were now also on display in the new surgery.

We reviewed records that identified Mr Lutton as the radiation protection supervisor (RPS). The Practice Manager confirmed that Mr Lutton was aware of the most recent changes to the legislation surrounding radiology and radiation safety. We confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

We noted a dedicated radiation protection file containing all relevant information was in place. We confirmed that Mr Lutton regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years for the handheld intra oral x-ray machine and for the CBCT machine. A review of the most recent RPA report demonstrated that any recommendations made had been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Lutton takes a proactive approach to radiation safety and protection by conducting a range of audits, including six monthly x-ray quality grading audits. Records were not available to evidence that an annual audit of x-ray justification and clinical evaluation had been completed and an area for improvement against the standards has been made in this regard.

## **6.6 The environment**

The work to the additional surgery was completed and finished to a high standard. A range of estates related documentation was inspected by the RQIA senior estates inspector, prior to the inspection. Additional documentation was submitted by the Practice Manager on 23 March 2021 and this information was also reviewed. This included:

- fixed wiring installation certification



- fire risk assessment report
- legionella risk assessment report
- surgery ventilation commissioning documentation.

The surgery ventilation commissioning documentation indicated that the newly installed extract systems in the surgeries were capable of achieving in excess of 10 air changes per hour. This satisfies recent guidance issued by the Health and Social Care Board (HSCB) relating to fallow times for surgeries during the Covid-19 pandemic – ‘Preparation for the Re-establishment of the General Dental Services - Operational Guidance’ (updated 02 February 2021).

We were satisfied that the additional surgery was completed to a suitable standard from an estates perspective.

## 7.0 Total number of areas for improvement

Two areas requiring improvement were identified against the standards during this inspection in relation to:

- Ensure that the daily periodic testing of decontamination equipment is recorded contemporaneously.
- Ensure that records are maintained to evidence that an annual audit of x-ray justification and clinical evaluation has been completed. Records of these audits should be retained in the radiation protection folder.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 8.0 Quality improvement plan

We identified areas for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with the Practice 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 16 March 2021	<p>The Registered Person shall ensure that the daily periodic testing of decontamination equipment is recorded contemporaneously.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by Registered Person detailing the actions taken:</b>            Nurses meeting reiterated the importance of accountable recordings. The daily records are checked by management each day .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2021	<p>The Registered Person shall ensure that records are maintained to evidence that an annual audit of x-ray justification and clinical evaluation has been completed. Records of these audits should be retained in the radiation protection folder.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by Registered Person detailing the actions taken:</b>            Annual audit and x-ray justification audits will be carried out within the given time frames. All records of these audits will be kept in an audits folder and available for inspection.</p>

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



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