

Unannounced Inspection Report 11 February 2020



Bradbury Dental Centre

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

Address: 46 Bradbury Place, Belfast BT7 1RU

Tel No: 028 9022 2444

Inspector: Liz Colgan

HSCB Dental Advisor: Johnathan Montgomery

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 Jill Shields
Person in charge at the time of inspection: Ms Grace Lyle (Practice Lead)	Date manager registered: 20 August 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Action/enforcement taken following the most recent inspection dated 15 May 2019

The most recent inspection of the establishment was an announced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 15 May 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 13 Stated: First time	The registered person shall ensure that hypochlorite is the chemical compound available in the blood spillage kit in keeping with HTM 01-05.	Met
	Action taken as confirmed during the inspection: The practice lead confirmed that hypochlorite is the chemical compound available in the blood spillage kit in keeping with HTM 01-05.	

<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The registered person shall review the procedure for the decontamination of dental hand pieces to ensure that they are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1.</p> <p>Compatible dental hand pieces should be processed in the washer disinfecter.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff confirmed that the procedure for the decontamination of dental hand pieces to ensure that they are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1 remains the same as identified at the previous inspection .</p> <p>Compatible dental hand pieces are not processed in the washer disinfecter.</p> <p>This area for improvement has not been met and is stated for the second time.</p>	<p style="text-align: center;">Not met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the report detailing the findings of Regulation 26 visits include information in relation to staff and patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP).</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that the report detailing the findings of Regulation 26 visits include information in relation to staff . However did not included if patients were spoken with or the review of the last RQIA inspection report and quality improvement plan (QIP).</p> <p>This area for improvement has been partially met and is stated for the second time as a regulation.</p>	<p style="text-align: center;">Partially met</p>

5.0 Inspection Summary

A joint inspection between RQIA and Health and Social Care Board (HSCB) was undertaken on 11 February 2020 from 09.55 to 13.55.

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 the receipt of information 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 eight staff. A tour of some areas 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. A duty rota was not available, the practice lead stated that all staff work set hours. However discussion with staff indicated variations in the responses given regarding how often they see the registered manager on a weekly basis. An area for improvement against the regulations was made in regard to ensuring a duty rota is available which includes the hours that the registered manager will be present in the practice. Staff told us that they had no concerns in relation to staffing levels.

Review of eight personal files for dentists and dental nurses confirmed that in five of these files appropriate systems were in place to ensure that all relevant staff were on the live General Dental Council (GDC) register. Of the remaining three files, there was no evidence of current GDC registration and no GDC registration number was identified in one file. An area for improvement against the standards was made in this regard.

6.2 Staff training

We reviewed training records and found that the system in place was not sufficiently robust to ensure that all staff receive 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:

- management of medical emergencies
- safeguarding children and adults
- decontamination/infection prevention and control
- radiology and radiation safety
- conscious sedation, if applicable

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 emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. We found 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 case of a medical emergency.

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 in 2019. As discussed in section 6.2, training records were unavailable for some 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.

We were satisfied that sufficient emergency medicines and equipment was in place and staff were 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.

A review of current practice, in general, 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. However, as identified at the previous inspection dental hand pieces are not being processed through the washer disinfectant. This area for improvement against the standards has been stated for the second time to ensure that the procedure for the decontamination of dental handpieces will be reviewed and that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1. Compatible dental handpieces should be processed in the washer disinfectant.

We confirmed that decontamination processes are being audited using the Infection Prevention Society (IPS) tool as specified 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 and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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. However, only one member of staff was able to describe the symbol for single use. An area for improvement against the standards has been made in this regard. 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.

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 practice lead and we were informed that this is ordered every month.

6.7 Complaints management

We reviewed the arrangements in respect of complaints and confirmed that there was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. 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 no complaints have been received since registration of the practice. However, discussion with the practice lead and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. This will include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The practice lead confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

6.8 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 some 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.

6.9 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.

We reviewed the Regulation 26 unannounced quality monitoring visit report on behalf of the Registered Provider dated 21 January 2020. We confirmed that Regulation 26 reports included an action plan to address any issues identified. We noted that the action plan included timescales and details of the person responsible for completing the action.

However, the report did not evidence if patients were spoken with and did not take into account issues identified in the previous RQIA Quality Improvement Plans issued to the practice. An area for improvement against the regulations has been made in this regard. This is discussed further in section 7.1 of the report.

We were informed these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

6.10 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 with 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 with regards to their care and treatment.

6.11 Patient questionnaires

Prior to RQIA inspections we issue patient questionnaires 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.

6.12 HSCB findings

The HSCB spoke with dentists and reviewed the following areas:

- information available to patients on health service charges;
- explanation to patients about which treatment is provided under the health service and which is provided privately;
- explanation of the cost of treatment with patients;
- the billing process for patients;
- access to Business Services Organisation (BSO) payment schedules for dentists working under the General Dental Services (GDS);
- process for the submission of GDS payment claims to the BSO; and
- any areas of concern in relation to the previous points or about the quality of patient care.

In relation to the areas reviewed, the HSCB identified that there was no information displayed about health service charges as required under Schedule 2, paragraph 31 of the 1993 GDS regulations (Northern Ireland).

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.

Appropriate systems should be in place to provide evidence that all relevant staff were on the live General Dental Council (GDC) register.

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

Compatible dental handpieces should be processed in the washer disinfectant.

Staff should be able to describe the symbol for single use.

The report detailing the findings of Regulation 26 visits should include information in relation to staff and patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP).

	Regulations	Standards
Areas for improvement	3	3

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Grace Lyle, practice lead, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 18 (5)</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2020</p>	<p>The registered person shall maintain a record of the rostered shifts for each employee and a record of the hours worked by each person.</p> <p>Ref: 6.1</p> <p>Response by Registered Person detailing the actions taken: clock in system in place for all staff.all staff have unique pin to clock in, this is location enabled, takes a photo of staff member and logs times of clock in and clock out</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2)</p> <p>Stated: First time</p> <p>To be completed by: 11 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> <p>Response by Registered Person detailing the actions taken: robust system in place with online portal which keeps track of all staff training and notifies each staff member when training due or expiring. Cpr and fire training provided annually by external provider.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 26</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the report detailing the findings of Regulation 26 visits include information in relation patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP).</p> <p>Ref: 6.9</p>

11 March 2020	Response by Registered Person detailing the actions taken: results of last rqia inspection and quip to be included in reg26 visits
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11.2 Stated: First time To be completed by: 11 March 2020	The registered person shall ensure that appropriate systems are in place to provide evidence that all relevant staff are on the live General Dental Council (GDC) register. Ref: 6.1 Response by Registered Person detailing the actions taken: register is checked every 6 months by manager
Area for improvement 2 Ref: Standard 13.4 Stated: Second time To be completed by: 11 March 2020	The registered person shall review the procedure for the decontamination of dental hand pieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1. Compatible dental hand pieces should be processed in the washer disinfectant. Ref: 6.4 Response by Registered Person detailing the actions taken: software updated to allow hand pieces to be processed through washer
Area for improvement 3 Ref: Standard 13 Stated: First time To be completed by: 11 March 2020	The Registered Person shall ensure that staff are able to describe the symbol for single use. Ref: 6.5 Response by Registered Person detailing the actions taken: staff training provided to allow staff to recognise symbol

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care