

Unannounced Inspection Report 11 February 2020



Lisburn Dental Centre

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

Address: 46 Longstone Street, Lisburn, BT28 1TR

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Inspector: Emily Campbell

HSCB Dental Advisor: Joe McGrady

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 two 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	Registered Manager: Ms Lyndsey Tipping
Responsible Individual: Mrs Monica Shah	
Person in charge at the time of inspection: Ms Christine Wylie, patient co-ordinator	Date manager registered: 18 September 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Action/enforcement taken following the most recent inspection dated 13 December 2019

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

4.1 Review of areas for improvement from the last care inspection dated 13 December 2019

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

5.0 Inspection Summary

A joint unannounced inspection between RQIA and Health and Social Care Board (HSCB) was undertaken on 11 February 2020 from 10:00 to 12:30.

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 shared with 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 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.

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 each practice, the role of the Clinical Director and the 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 the patient co-ordinator, two associate dentists, a dental nurse and a trainee dental nurse. 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 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. Additional information can be found in section 7.1 of this report.

6.0 Inspection Findings

6.1 Staffing

Discussion with staff confirmed that there were 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 and that although short staffed at the moment a new staff member was due to commence work in the practice the day following the inspection, which would address this issue. In the interim a member of staff was supplied from another Dental World 1 practice as and when required. This was the case on the day of the inspection where a trainee dental nurse from another practice had been supplied to provide cover.

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 there was a system in place 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; and
- safeguarding children and adults; and
- decontamination/infection prevention and control; and
- radiology and radiation safety

The training records of the trainee dental nurse covering from another practice were not available for review.

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 advised that they had received medical emergency refresher training the week prior to this inspection and were waiting for their training certificates to be provided. Training records confirmed that prior to this staff last completed medical emergency refresher training in January or November 2019.

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.

We reviewed the processes for the decontamination of reusable dental instruments and confirmed, in general, that best practice as outlined in Decontamination in primary care dental practices (HTM 01-05) is being achieved.

We reviewed current practice and evidenced that, in general, 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, dental handpieces are not being processed through the washer disinfectant. Observations made and discussion with staff confirmed that some handpieces are compatible with the washer disinfectant. In accordance with HTM 01-05 and the DoH Professional Estates Letter (PEL) (13)

13 Addendum 1, compatible dental handpieces must be processed using an automated validated process. An area for improvement against the standards was made in this regard.

We confirmed that decontamination processes are being audited using the Infection Prevention Society (IPS) tool as specified in HTM 01-05. The IPS audit was not reviewed during this inspection.

We observed appropriate equipment, including a washer disinfector and a 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.

The washer disinfector had been out of order since 7 January 2020 and staff advised that the engineer was waiting for a part to facilitate repair. This fault had not been recorded in the fault log of the washer disinfector logbook; an area for improvement against the standards was made in this regard. Reusable dental instruments are currently manually cleaned and staff were able to demonstrate the manual cleaning process. However, the solution used for manual cleaning is the same solution used for the washer disinfector and staff were unaware if this was an appropriate solution for the manual cleaning of instruments or of the dilution rate. An area for improvement against the standards was made in this regard.

The washer disinfector and steriliser have automatic data loggers attached which record the cycle parameters of each cycle of the machines; however, these are not uploaded to a computer system to ensure that records are retained for at least two years. Staff were advised that this should be completed on a monthly basis. An area for improvement against the standards was made in this regard.

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.

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 how they dispose of PPE.

We discussed the ordering of PPE with the patient co-ordinator and a dental nurse and we were informed that PPE is ordered on a monthly basis. Staff advised that there were no issues in obtaining sufficient supplies of PPE.

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, in the main, was in accordance with legislation and DoH guidance on complaints handling. However, the policy identified the HSCB and the Ombudsman as routes for referral in the event of dissatisfaction of the complaints investigation at local level in respect of NHS dental care and treatment, and the address of the Dental Complaints Service in respect of private care and treatment was wrong. An area for improvement against the standards was made that the complaints policy should be reviewed to reflect the HSCB as an agency that may be utilised within the complaints investigation at local level and the address details of the Dental Complaints Service should be updated.

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.

Staff advised that there had been no complaints received within the last year and 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.

Staff confirmed that information about complaints and compliments is shared with staff and complaints are audited to identify trends, drive quality improvement and to enhance service provision.

Review of training records evidenced that staff had undertaken complaints handling training in December 2019.

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.

Staff confirmed that staff meetings were held on a monthly basis. Staff did not know if minutes of staff meetings were recorded and if so where these records were retained. An area for improvement against the standards was made that minutes of staff meetings should be recorded and copies of minutes made readily available to staff and RQIA.

We were advised prior to the inspection that Dental World 1 Limited had recently appointed a Clinical Director for Northern Ireland. Staff who spoke with us had an understanding of who the Clinical Director was, what their role entailed and 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.

Regulation 26 unannounced quality monitoring visit reports were not available for review and staff were not aware if these had been provided or where they were located. Staff did however confirm that a visit to the practice had been undertaken by the registered manager's line manager in November/December 2019. In the absence of reports we could not verify that unannounced quality monitoring visit reports by or on behalf of the Registered Provider had been undertaken. An area for improvement against the regulations was made that Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months and a report generated. These reports should be 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 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.

6.11 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 distributed 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 dental advisor 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 dental advisor did not identify any significant areas of concern.

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 and advised that they 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 handpieces 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 should 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

Dental handpieces which are compatible with the washer disinfectors should be decontaminated using this process.

Decontamination equipment faults should be recorded in the associated logbook at the time the fault occurs.

Appropriate solution for manually cleaning dental instruments should be provided and staff made aware of the correct dilution rate.

Decontamination equipment automatic data loggers should be uploaded to a computer system to ensure that records are retained for at least two years.

The complaints policy should be reviewed to reflect the HSCB as an agency that may be utilised within the complaints investigation at local level and the address details of the Dental Complaints Service should be updated.

Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months and a report generated. These reports should be made available for patients, their representatives, staff, RQIA and any other interested parties to read.

Minutes of staff meetings should be recorded and copies of minutes made readily available to staff and RQIA.

	Regulations	Standards
Areas for improvement	1	6

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 Christine Wylie, patient co-ordinator, 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 26</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2020</p>	<p>The Registered Person shall ensure that Regulation 26 unannounced quality monitoring visits are undertaken and documented every six months and a report generated.</p> <p>These reports should be available for patients, their representatives, staff, RQIA and any other interested parties to read.</p> <p>Ref: 6.9</p>
	<p>Response by Registered Person detailing the actions taken: Unannounced quality monitoring visits will be undertaken and documented every 6 months. The reports are stored in the RQIA file which is available for patients, their representatives, and staff to view.</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>To be completed by: 18 February 2020</p>	<p>The Registered Person shall ensure that dental handpieces which are compatible with the washer disinfectors are decontaminated using this process in keeping with the DoH Professional Estates Letter (PEL) (13) 13 Addendum 1.</p> <p>Ref:6.4</p> <p>Response by Registered Person detailing the actions taken: All handpieces which are compatible with our washer disinfectors are now decontaminated using this process.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2020</p>	<p>The Registered Person shall ensure that faults of decontamination equipment are recorded in the associated logbook at the time the fault occurs.</p> <p>Ref:6.4</p> <p>Response by Registered Person detailing the actions taken: All faults in future will be logged in the correct section of log book at the time the fault occurs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2020</p>	<p>The Registered Person shall ensure the appropriate solution for manually cleaning dental instruments is available and staff are aware of the correct dilution rate.</p> <p>Ref: 6.4</p> <p>Response by Registered Person detailing the actions taken: This is now in place and used as per manufacturers instructions.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2020</p>	<p>The Registered Person shall ensure that decontamination equipment automatic data loggers are uploaded to a computer system to ensure that records are retained for at least two years.</p> <p>Ref: 6.4</p> <p>Response by Registered Person detailing the actions taken: All data loggers are uploaded on a weekly basis.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>The Registered Person shall further develop the complaints policy to reflect the HSCB as an agency that may be utilised within the complaints investigation at local level and the address details of the Dental Complaints Service should be updated.</p> <p>Ref: 6.7</p>

<p>To be completed by: 11 April 2020</p>	<p>Response by Registered Person detailing the actions taken: Complaints policies have been updated with all relevant information.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2020</p>	<p>The Registered Person shall ensure that minutes of staff meetings are recorded and copies of minutes made readily available to staff and RQIA.</p> <p>Ref: 6.8</p> <p>Response by Registered Person detailing the actions taken: Records of all staff meetings are recorded. More detailed minutes will now be recorded.</p>

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



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