

# Announced Care Inspection Report 28 January 2021



## Ballysillan Dental Centre

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 254 Ballysillan Road, Belfast, BT14 6RA**  
**Tel No: 028 9071 4444**  
**Inspector: Carmel McKeegan**

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

## 2.0 Profile of service

Ballysillan 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

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Mrs Monica Shah	<b>Registered Manager:</b> Miss Jane Martin
<b>Person in charge at the time of inspection:</b> Miss Jane Martin	<b>Date manager registered:</b> 11 February 2021
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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.

Miss Jane Martin had submitted an application to become the Registered Manager for Ballysillan Dental Centre; this application was approved following this inspection on 11 February 2021.

## 4.0 Inspection summary

We undertook an announced inspection on 28 January 2021 from 10:00 to 11.30 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 the premises, met with Miss Jane Martin, Registered Manager, an associate dentist, a dental nurse and a receptionist; and 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; infection prevention and control; decontamination of reusable dental instruments; the practice’s adherence to best practice guidance in relation to COVID-19; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

**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 Miss Martin, Registered Manager, 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 the establishment was an announced 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
<b>Area for improvement 1</b> Ref: Regulation 26 Stated: First time	The Registered Person shall ensure that Regulation 26 unannounced quality monitoring visits are undertaken and documented every six months and a report generated.	<b>Met</b>
	These reports should be available for patients, their representatives, staff, RQIA and any other interested parties to read.	
	<b>Action taken as confirmed during the inspection:</b> We confirmed that a nominated senior member of management had undertaken an unannounced monitoring visit to Ballysillan	

	Dental Centre on 13 March and on 3 October 2020. We reviewed the unannounced monitoring visit reports which demonstrated these visits had been completed in a meaningful manner. We found that copies of monitoring visit reports were available for any interested party to read.	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	The Registered Person shall ensure that dental handpieces are decontaminated in accordance with manufacturer's instruction and Professional Estates Letter (PEL) (13) 13. Compatible dental handpieces should be processed using an automated validated system.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Miss Martin and staff informed us that compatible dental handpieces are processed using the washer disinfectant. Further information regarding the decontamination arrangements is provided in section 6.4 of this report.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time	The Registered Person shall further develop the complaints policy to reflect the Health and Social Care Board (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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the complaints policy and confirmed the policy had been updated to include the HSCB as an agency that may be utilised within the complaints investigation at local level and that the Dental Complaints Service address had been updated.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 11.6 <b>Stated:</b> First time	The Registered Person shall ensure that minutes of staff meetings are recorded and copies of minutes made readily available to staff and RQIA.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We confirmed that regular practice meetings have taken place. We found that minutes of all meetings had been recorded as outlined above and observed that these records had been signed and dated by staff when they had read them.</p>	
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## 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 or staff questionnaires were received by RQIA. Patient and staff questionnaires are discussed further in section 6.7 of this report.

During the inspection, we spoke with Miss Martin, an associate dentist, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Miss Martin at the conclusion of 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 and the application of the HSCB operational guidance with Miss Martin and staff. 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 all 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. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

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 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 staff last completed medical emergency refresher training during March 2020. 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 areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

### 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 practice and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that these areas of the practice were fully equipped to meet the needs of patients.

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 audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. Miss Martin told 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.

We identified that no new clinical staff have commenced work in the practice since the previous inspection. Miss Martin told us that records to evidence the Hepatitis B vaccination status of all clinical staff have been retained and that in the future 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 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 reviewed the most recent IPS audit, completed during November 2020 and found that the audit had been completed in a meaningful manner.

We found that appropriate equipment, including a washer disinfecter 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 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 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, Ballysillan 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 reports dated 13 March and 3 October 2020. We evidenced that an action plan had been developed, to address any issues identified during these visits, 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.

### 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 areas for improvement regarding visits by the Registered Provider in line with the legislation.

	Regulations	Standards
Areas for improvement	0	0

## 6.6 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 demonstrated that equality data collected was managed in line with best practice.

## 6.7 Patient and staff views

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were received by RQIA.

**6.8 Total number of areas for improvement**

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

**7.0 Quality improvement plan**

We identified no areas for improvement and a QIP is not required or included, as part of this inspection report.



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