

Inspection Report

20 May 2021



Gumshields2Go Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Gumshields2Go Ltd	Registered Manager: Ms Cathy Robinson
Responsible Individual: Ms Cathy Robinson	Date registered: 28 August 2018
Person in charge at the time of inspection: Ms Cathy Robinson	Number of registered places: One
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: <p>Gumshields2Go Ltd 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 one registered dental surgery and only provides a gum shield service; they do not provide conventional dental care and treatment either in the surgery or in the community.</p> <p>Gumshields2Go Ltd offers the gum shield service in-house in the dental surgery and also via a mobile service that can travel to community venues such as sporting facilities and schools. The gum shield service will only be provided in the dental surgery or in the community at any given time.</p> <p>Due to the COVID-19 pandemic, Gumshields2Go Limited, had temporarily suspended its gum shield service for a period of approximately 12 months, as a result of this period of closure Gumshields2Go Limited was not inspected by RQIA during the 2020-21 inspection year. The practice recently reopened during April 2021.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 20 May 2021 from 10.45 am to 1.45pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control; the practices' adherence to best practice guidance in relation to COVID-19; management of complaints; and governance arrangements.

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

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

During the inspection a tour of the premises was undertaken and we met with Ms Robinson, Responsible Individual.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

No completed staff or patient questionnaires were submitted prior to the inspection.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Gumshields2Go Ltd was undertaken on 28 August 2018 and no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures, that adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the practice.

Ms Robinson oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms Robinson confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information and was kept up to date.

Ms Robinson has only recruited one staff member since registration. This staff member's personnel file was reviewed and evidenced that relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of a job description and induction checklist for this staff member's role.

Discussion with this staff member confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance.

5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when the new staff member joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the responsible individual, to ensure that the dental team are suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during May 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Ms Robinson confirmed that conscious sedation is not provided.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Gumshields2Go Ltd provides a service in the dental surgery and also via a mobile service that can travel to community venues such as sporting facilities and schools. Policies and procedures to minimise the risk of cross infection when taking dental impressions in the surgery and in the community were in place. A review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Ms Robinson has overall responsibility for IPC.

During a tour of the practice, it was observed that the clinical area was clean, tidy and uncluttered. The practice was fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by Ms Robinson to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments however, Ms Robinson confirmed that all dental instruments are single use and disposed of following use, therefore this section of the audit does not apply to Gumshields2Go Ltd. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. Ms Robinson confirmed that she is the only clinical member of staff working in the Gumshields2Go Ltd. Ms Robinson is aware that should she recruit any clinical members of the dental team she will ensure that they have received this vaccination. The vaccination history will be checked during the recruitment process and retained in the staff members' personnel file.

Ms Robinson confirmed that she had received IPC training relevant to her role and responsibilities and demonstrated good knowledge and understanding of IPC procedures. Following the inspection Ms Robinson confirmed that the other member of staff recruited will be undertaking IPC training within the next few weeks.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

Ms Robinson confirmed that all dental instruments are single use and disposed of in keeping with best practice; therefore, a decontamination room is not required in this practice.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. Ms Robinson is the COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

Ms Robinson confirmed that no radiology is provided by Gumshields2Go Ltd.

5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

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.

Ms Robinson was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

Ms Robinson confirmed that Gumshields2Go Ltd will only offer a service to private patients. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information made available in the practice. The complaints policy and procedure for patients and complaints leaflet was reviewed. The policy and complaints leaflet did not direct private complainants to the Dental Complaints Service if they were dissatisfied with local resolution to their complaint. Following the inspection RQIA received confirmation that this issue had been addressed.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since registration.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

5.3 Does the dental team have suitable arrangements in place to record equality data?

The arrangements in place in relation to 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 was discussed with Ms Robinson.

Discussion with Ms Robinson and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Conclusion

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Robinson, Responsible Individual as part of the inspection process and can be found in the main body of the report.



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