Announced Care Inspection Report
17 December 2020

Irvinestown Dental and Implant Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 2 Pound Street, Irvinestown, BT94 1HE
Tel No: 028 6862 8500
Inspectors: Stephen O'Connor and Emer McCurry

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

Irvinestown Dental and Implant Clinic 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 two registered dental surgeries and provides general dental services.

3.0 Service details

Organisation/Registered Provider: Quantum Dent Ltd **Responsible Individual:** Mr Tumai Lukas	**Registered Manager:** Ms Kathryn O'Brien
Person in charge at the time of inspection: Mr Tumai Lukas	**Date manager registered:** 04 August 2020
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Inspection summary

We undertook an announced inspection on 17 December 2020 from 10:55 to 13:05 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 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 Mr Tumai Lukas, Responsible Individual, 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 21 August 2019

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 21 August 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 8.5 **Stated:** First time	The applicant Registered Person shall ensure that policies and procedures pertaining to the operation of the practice are developed in keeping with legislation and best practice guidance. Priority should be given to developing the policies listed below: • recruitment and selection; • management of medical emergencies; • records management ; • freedom of information publication scheme; and • environment cleaning.	**Met**
	Action taken as confirmed during the inspection: We reviewed the policies listed above and confirmed that in the main they had been developed in accordance with legislation	

	and best practice guidance. We advised that the records management policy required further development to include the disposal timeframes, Mr Lukas readily agreed to update this policy.	
Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time	The applicant Registered Person shall ensure that compliance with Health Technical Memorandum (HTM) 01:05 Decontamination in primary care dental practices is audited using the Infection Prevention Society (IPS) audit tool every six months. An action plan should be generated to address any issues identified, if applicable.	**Met**
	Action taken as confirmed during the inspection: Mr Lukas told us that arrangements are in place to ensure the IPS audit is completed every six months. We reviewed completed IPS audits dated 3 September 2019; 4 March 2020 and 1 December 2020. We noted a high level of compliance.	
Area for improvement 3 **Ref**: Standard 13.2 **Stated:** First time	The applicant Registered Person shall ensure that a legionella risk assessment is undertaken. Actions identified in the risk assessment, if applicable, should be addressed and record retained.	**Met**
	Action taken as confirmed during the inspection: We observed a legionella reference file had been developed. We reviewed this file and found a risk assessment completed by an external organisation dated 24 September 2019; and records to evidence legionella control measures as outlined in the risk assessment. The file also included useful information for staff reference and training certificates.	
Area for improvement 4 **Ref**: Standard 12.4 **Stated:** First time	The applicant Registered Person shall ensure that Buccolam pre-filled syringes should be retained and be in sufficient quantities to administer two doses to each of the relevant age groups. In keeping with the HSCB guidance the full dose of the pre-filled syringe must be administered, part doses cannot be administered.	**Met**

	Action taken as confirmed during the inspection: We reviewed the emergency medicines retained and noted that Buccolam pre-filled syringes were available in sufficient doses and quantities per Health and Social Care Board guidance.	
Area for improvement 5 **Ref**: Standard 12.4 **Stated:** First time	The applicant registered person shall ensure that portable suction is available in keeping with the Resuscitation Council (UK) guidelines.	**Met**
	Action taken as confirmed during the inspection: Mr Lukas and staff told us that following the previous inspection a portable suction device had been purchased, however this could not be located during the inspection. On 1 January 2021 evidence was submitted by email to confirm that a portable suction device had been ordered.	
Area for improvement 6 **Ref**: Standard 8.5 **Stated:** First time	The applicant Registered Person shall address the actions identified in the radiation protection advisor (RPA) report dated 2 January 2019. Once addressed the actions should be signed and dated by Mr Lukas as the radiation protection supervisor (LPS).	**Met**
	Action taken as confirmed during the inspection: We reviewed the most recent RPA report dated 2 January 2019 and noted that Mr Lukas had signed and dated the actions to confirm they had been addressed.	

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 returned QIP from the previous care inspection; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. One patient returned a questionnaire. No staff questionnaires were returned prior to the inspection.

The returned patient questionnaire is discussed in section 6.7 of this report.

During the inspection, we spoke with Mr Tumai Lukas, Responsible Individual; a dental nurse and a receptionist.

The findings of the inspection were provided to Mr Lukas, 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 with Mr Lukas and staff, and application of the Health and Social Care Board (HSCB) operational guidance. 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 December 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
Areas for improvement	0	0

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 the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all 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. Mr Lukas informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We confirmed that no new clinical staff have been recruited since the previous inspection. Mr Lukas told us that records to evidence the Hepatitis B vaccination status of 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 December 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.

We found that appropriate equipment, including a washer disinfector and two steam sterilisers had been provided to meet the requirements of the practice. We established that pressure vessels had been 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 discussed the arrangements for the annual validation of equipment used in the decontamination process with Mr Lukas. We were informed that due to impact of COVID-19 annual validations had not yet been undertaken. Mr Lukas demonstrated arrangements were in place for validations to take place on 19 January 2021.

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. We established that Mr Lukas was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

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. Mr Lukas and staff told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and one patient submitted a response. This patient indicated that they were very unsatisfied with each of areas of their care. No comments were included in the submitted questionnaire response.

We invited staff to complete an electronic questionnaire. No completed staff questionnaires were submitted to us prior to the inspection.

6.8 Registration issues

Mr Lukas told us that Ms Kathryn O'Brien, Registered Manager, had been absent for more than 28 days. Mr Lukas was advised that in accordance with Regulation 29 of The Independent Health Care Regulations (Northern Ireland) 2005 when a Registered Manager is absent for a continuous period of 28 days or more a Registered Manager absence application must be submitted to RQIA. Mr Lukas readily agreed to this and a Registered Manager absence application in respect of Ms O'Brien was submitted on 16 December 2020.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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

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