

Inspection Report

17 May 2021



Martina Collins Dental & Skin Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 18 Lisburn Street, Hillsborough, BT26 6AB
Tel No: 028 9202 7025

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: Martina Collins Dental & Skin Clinic Ltd	Registered Manager: Ms Sarah Deazley
Responsible Individual: Ms Martina Collins	Date registered: 29 October 2020
Person in charge at the time of inspection: Ms Sarah Deazley	Number of registered places: One increasing to two following inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>Martina Collins Dental & Skin Clinic Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital with a dental treatment category of care. The practice was registered on 29 October 2020 for one dental chair. A variation to registration was submitted to RQIA to increase the number of dental chairs from one to two.</p> <p>Martina Collins Dental and Skin Clinic Ltd is the registered provider for two dental practices registered with RQIA. Ms Martina Collins is the responsible individual for Martina Collins Dental and Skin Clinic Ltd.</p> <p>The practice provides general dental services to private patients without sedation. The practice also offers a range of facial aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the practice is registered.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 17 May 2021 from 9.50 am to 12.25 pm. An RQIA estates support officer undertook a desktop review of the variation to registration application.

The inspection focused on the themes for the 2021/22 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; management of conscious sedation; infection prevention and control; decontamination of reusable dental instruments; the practices' adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

One area for improvement was made against the standards in relation to undertaking Regulation 26 unannounced visits on behalf of the registered provider.

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

The variation to registration application to increase the number of registered dental chairs from one to two was approved from a care and estates perspective following this inspection.

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.

Before the inspection the variation to registration application was reviewed. During the inspection we undertook a tour of the premises and met with Ms Deazley, Registered Manager, an associate dentist; a dental nurse and a business manager for Martina Collins Dental & Skin Clinic Ltd.

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 were unable to meet with patients on the day of the inspection. Posters were issued to Martina Collins Dental & Skin Clinic Ltd before the inspection inviting patients and staff to complete an electronic questionnaire.

No completed staff questionnaires were submitted before the inspection.

Four patients submitted an electronic questionnaire. All patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were either satisfied or very satisfied with their care being safe, effective, and compassionate and the service being well led. Two of the questionnaires included positive comments. Patients commented on the professionalism of staff and that they found the standard of dental care to be excellent.

All staff spoken with talked about the practice in positive terms and no areas of concern were raised throughout 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 Martina Collins Dental & Skin Clinic was undertaken on 19 October 2020 by a care and estates inspectors; 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 Collins oversees the recruitment and selection of the dental team and approves all staff appointments. Ms Collins is supported by Ms Deazley and a business manager. Discussion with Ms Deazley and the business manager confirmed that they 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.

A selection of staff personnel files was reviewed and evidenced that relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team 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 new staff joined the practice.

Each staff member maintains a record of training they have completed and training and professional development activities are reviewed during their annual appraisal with development plans generated if required. A record of induction is maintained. The practice provides training in several areas such as management of medical emergencies, fire safety awareness and safeguarding. However, there was no overarching training record maintained. Ms Deazley was advised that to ensure that the dental team are suitably skilled and qualified the practice should identify mandatory training topics and specify the frequency of refresher and update training for each topic. An overarching training record should then be developed for the practice. On 31 May 2021 Ms Deazley submitted evidence to RQIA by electronic mail confirming that this had been actioned.

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. It was noted that in addition to the Adrenaline ampoules some Adrenaline pre-filled pens were available in the practice. Ms Deazley was advised that when these pre-filled pens expire they should not be replaced as per Health and Social Care Board (HSCB) guidelines.

An automated external defibrillator (AED) was not available. However, it was confirmed that the practice has access to a community AED which can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

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 August 2020.

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 Deazley confirmed that conscious sedation is not provided in Martina Collins Dental & Skin Clinic Ltd.

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. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Ms Deazley told us there was a nominated lead who had responsibility for IPC and decontamination in the practice.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients.

The arrangements with regards to the newly established second dental surgery were reviewed. The surgery had been completed to a high standard, the flooring in the surgery was impervious and coved where it meets the walls and sealed where it meets the kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during a discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin was available in the new dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A laminated/wipe-clean poster promoting hand hygiene was displayed at the hand washing area.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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 members of the dental team 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 which is discussed further in the following section of this report. 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. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and records retained in the staff members' personnel file.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures.

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 (DoH).

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Ms Deazley confirmed that the stock of reusable dental instruments and the decontamination equipment available will be kept under review to ensure it is sufficient to meet the demands of the newly established dental surgery.

There was a lead for IPC as recommended by the published guidance. The lead had undertaken IPC training in line with their continuing professional development and had the necessary training certificates as evidence.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

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 HSCB operational guidance and focused on; social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified 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?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients; visitors and staff from the ionising radiation produced by taking an x-ray. A new intra-oral x-ray machine has been installed in the newly established second dental surgery. A review of records confirmed that a radiation protection advisor (RPA) completed a critical examination of the new intra-oral x-ray machine and the critical examination and acceptance test report was dated 12 May 2021.

The RPA completes a quality assurance check on installation of equipment and every three years thereafter. The report for the critical examination and acceptance test for the intra-oral x-ray machine in surgery one was dated 16 October 2020. A review of both reports of the most recent visits by the RPA demonstrated that any recommendations made had been addressed.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

An RPA, medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file confirmed that the dental team have been entitled by the RPS for their relevant duties and have received training in relation to these duties. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and direct digital x-ray processing.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. A review of records confirmed that the RPS had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensure that these staff had completed appropriate training. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

The equipment inventory evidenced that the practice has two surgeries, each of which has an intra-oral x-ray machine. A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

Both intra-oral x-ray machines are within manufacturer's warranty and will be serviced and maintained in accordance with manufacturer's instructions when due.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

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 Deazley told us that Ms Collins visits the practice three to four times a week and plans to undertake clinical work in the practice in the near future. Ms Deazley is in day to day of the practice, therefore unannounced quality monitoring visits must be completed on behalf of the registered provider. To date an unannounced quality monitoring visit has not been formally documented. Following the inspection, a template that could be used to document unannounced quality monitoring visits was forwarded to Ms Deazley by electronic mail.

An area for improvement against the standards has been made.

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.

The complaints policy and procedure provided clear instructions for patients and staff to follow. 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.

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 the previous inspection. Ms Deazley is aware that should complaints be received that a complaints audit should be undertaken to identify trends, drive quality improvement and to enhance service provision.

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.

Arrangements were in place to ensure that complaints would be 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 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 staff. Ms Deazley and staff advised that equality data collected is managed in line with best practice.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this practice is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the responsible individual.

The variation to registration application to increase the number of dental chairs from one to two has been approved from a care and estates perspective.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011).

	Regulations	Standards
Total number of Areas for Improvement	0	1

We identified an area for improvement as detailed in the QIP. We discussed the details of the QIP with Ms Deazley, 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.

7.1 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 8.5 Stated: First time To be completed by: 12 July 2021	<p>The responsible individual shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out.</p> <p>Written reports of the unannounced visits should be available for inspection.</p> <p>Ref: 5.2.9</p>
	<p>Response by registered person detailing the actions taken: Regulation 26 unannounced inspection carried out by the Registered Provider Martina Collins on 24th May 2021. Report forwarded onto the RQIA on 16th June 2021 and updated on the web portal. Sarah Deazley, Registered Manager.</p>

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)

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