

Announced Care Inspection Report 12 November 2020



Bank Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 231 Shankill Road, Belfast BT13 1FQ
Tel No: 028 9032 3526
Inspector: Norma Munn

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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

This is a registered dental practice with four registered places providing an orthodontic service and general dental services.

3.0 Service details

Organisation/Registered Person: Mr Robert Gilmer	Registered Manager: Ms Deborah Irvine
Person in charge at the time of inspection: Mr Robert Gilmer	Date manager registered: 16 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Four

4.0 Inspection summary

We undertook an announced inspection on 12 November 2020 from 10:00 to 13:00 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 some areas of the premises, met with Mr Robert Gilmer, Registered Person; Ms Deborah Irvine, Registered Manager; an associate dentist; a dental nurse; and a receptionist. We 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. However, we identified issues in relation to governance and oversight arrangements with respect to all clinical areas; infection prevention and control and the decontamination of reusable dental instruments. Following the inspection we received assurances that several of the issues identified have been addressed. We have identified one area for improvement in relation to the decontamination of dental handpieces.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	1

Details of the quality improvement plan (QIP) were discussed with Mr Gilmer, Registered Person and Ms Irvine, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 13 August 2019

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

4.3 Review of areas for improvement from the last care inspection dated 13 August 2019

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

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; 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 before the inspection. No patient or staff questionnaires were returned to us and this is discussed in section 6.7 of this report.

The findings of the inspection were provided to Mr Gilmer, Registered Person and Ms Irvine, Registered Manager 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 Gilmer, Ms Irvine and staff, and the 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.

We identified that an orthodontic service was being provided in the practice and we were told that this service was managed by the orthodontist. We were unable to evidence if the COVID-19 policies and procedures were being implemented by the orthodontist. Mr Gilmer is the Registered Person for Bank Dental Practice and has overarching responsibility for all dental treatments provided within the practice. We advised that the COVID-19 policies and procedures are implemented in all areas of Bank Dental Practice and following the inspection we were given assurances that this issue had been addressed. This is discussed further in section 6.6 of this report.

We were advised that all staff had received training in COVID-19 however, records were not available to evidence this. Ms Irvine was advised to ensure that training records are maintained and available for inspection. Following the inspection Ms Irvine contacted us and gave assurances that records in relation to COVID-19 training were now in place.

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 further 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 found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, we observed that emergency medicines were stored in a locked cupboard. On enquiry, staff confirmed that the cupboard was kept locked at all times

and the key was retained nearby. The importance of ensuring that emergency medicines are readily available was discussed and we advised that the practice of storing these in a locked cupboard should cease. Ms Irvine agreed to address this issue with immediate effect.

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 were advised that all staff had received training in the management of medical emergencies during 2019. However, training records were not available to evidence this. As discussed above Ms Irvine was advised to ensure that training records are maintained and available for inspection. Following the inspection Ms Irvine contacted us and gave assurances that records in relation to medical emergency training were now in place.

We were advised that due to the impact of the Covid-19 pandemic the practice had been unable to access medical emergencies training for staff. We were informed this training will be delivered to staff on 19 November 2020. We were advised that this training will include first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These include; 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.

We were satisfied that sufficient emergency medicines and equipment were in place and the majority of 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 in general the dental practice takes a proactive approach to this key patient safety area.

Areas for improvement: Management of medical emergencies

We identified no further 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 in the main the clinical and decontamination areas were clean, tidy and uncluttered with the exception of the surgery that was providing an orthodontic service. Several issues were identified in relation to IPC arrangements of this surgery as follows:

- The floor had not been cleaned effectively;
- The worktops were dusty;
- A table located close to the dental chair was dusty and was not in a good state of repair;
- A plastic cup containing an unidentified liquid had been left uncovered at the dental chair;
- A large hole in the wall was identified that needs sealed;
- The sharps box had not been signed or dated on assembly;
- The plastic cover on the dental chair was not in a good state of repair;
- Signage and posters displayed had not been not laminated; and
- Cleaning records had not been maintained in respect of the orthodontic surgery.

Following the inspection, we received evidence that the issues identified in relation to IPC had been addressed.

We confirmed that arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities. However, training records were not available to evidence this. As discussed above Ms Irvine was advised to ensure that training records are maintained and available for inspection. Following the inspection Ms Irvine contacted us and gave assurances that records in relation to IPC training were now in place.

We discussed with Ms Irvine 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 included 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 and should also include all areas of the practice. However, we were advised that the IPS audit does not include the surgery used to provide orthodontic treatments. We advised that the IPS audit must be completed to reflect all clinical areas in the practice. We advised that the outcome of the audit should be discussed with all staff and should the audit identify areas for improvement, an action plan should be generated to address the issues identified.

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 were informed that one new member of staff had been recently recruited. We reviewed the personnel records regarding this staff member and confirmed that a record was retained to evidence their Hepatitis B vaccination status. Ms Irvine told us 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 in some areas of the surgery however the arrangements in place should incorporate all areas within Bank Dental Practice.

Areas for improvement: Infection prevention and control

We identified no further areas for improvement regarding IPC practice.

	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 were advised that staff had received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities. However, training records were not available to evidence this. As discussed above Ms Irvine was advised to ensure that training records are maintained and available for inspection. Following the inspection Ms Irvine contacted us and gave assurances that records in relation to decontamination training were now in place.

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. As discussed above we advised that the IPS audit is revisited and completed in a meaningful manner to include all areas of the practice.

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 decontamination procedures evidenced that 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 with the exception of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. On enquiry, staff were unsure whether the dental handpieces were compatible with the washer disinfectant. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DoH. An area for improvement against the standards has been made in this regard.

Areas of good practice: Decontamination of reusable dental instruments

We found the current arrangements evidenced that, in general, 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

Dental handpieces should be decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.

	Regulations	Standards
Areas for improvement	0	1

6.5 Visits by the Registered Provider (Regulation 26)

We established that Mr Gilmer, as the Registered Provider, works in Bank Dental Practice one day per week and the remainder of the week in his other dental practice in Dunmurry. We advised Mr Gilmer that 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 Mr Gilmer is not in charge of the day to day management of Bank Dental Practice we have requested that unannounced quality monitoring visits are undertaken as required in the regulations which will encompass all dental care and treatment provided in the practice. A report should be produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan should be developed to address any issues identified during the visit, which should include timescales and the person responsible for completing the action. Following the inspection we were given assurances from Mr Gilmer that this issue identified would be actioned and he will be undertaking these visits on at least a six monthly basis.

Areas for improvement

We identified no further areas for improvement regarding visits by the Registered Provider in line with the legislation.

	Regulations	Standards
Areas for improvement	0	0

6.6 Additional areas reviewed: Overall governance and management

As discussed we identified that an orthodontic service was being provided in the practice and we were told that this service was managed by the orthodontist. Ms Irvine told us that although she is in day to day charge of Bank Dental Practice she does not have any managerial responsibility for the orthodontist. We advised that both the Registered Provider and the Registered Manager are responsible for the overall governance arrangements and managerial oversight of all areas of Bank Dental Practice; which includes the orthodontic service provided.

Following the inspection we requested formal assurance from Mr Gilmer that as the Registered Person he would have effective oversight and governance of all services operated from Bank Dental Practice to ensure that the quality of dental care and treatment delivered is in accordance with legislative and best practice guidance.

Mr Gilmer provided us with a full account of the actions taken to address the issues identified during the inspection in relation to the practices' adherence to best practice guidance in relation to COVID-19; infection prevention and control; the decontamination of reusable dental instruments; and governance arrangements to ensure the minimum improvements necessary to achieve compliance. Mr Gilmer has provided us with assurances that he as the Registered Person will have effective oversight and governance of all services operated from Bank Dental Practice.

Areas for improvement: Overall governance and management

We identified no further areas for improvement regarding the overall governance and management arrangements.

	Regulations	Standards
Areas for improvement	0	0

6.7 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. Ms Irvine told us that equality data collected was managed in line with best practice.

6.8 Patient and staff views

The practice distributed questionnaires to patients on our behalf and no patients submitted responses to RQIA.

We also invited staff to complete an electronic questionnaire before the inspection and no staff questionnaires were returned.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

We identified one area for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with Mr Gilmer, Registered Person and Ms Irvine, Registered Manager 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 area 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 12 November 2020</p>	<p>The Registered Person shall ensure that dental handpieces are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.</p> <p>Ref: 6.4</p>
	<p>Response by Registered Person detailing the actions taken: I Deborah Irvine, Registered Manager, can confirm that all Dental Handpieces are now decontaminated using washer disinfector and our policy now reflects this amendment. All staff are now fully aware of this</p>

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



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