Announced Care and Variation to Registration Inspection Report
27 November 2020

Boyd Logue Associates

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 22 Dunluce Avenue, Portrush BT56 8DJ
Tel No: 028 70 825000
Inspectors: Carmel McKeegan and Phil Cunningham

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

The practice was initially registered on 07 November 2011 with one registered place. The practice was purchased by Amaris (North Coast Limited), who took ownership on the 01 July 2016. An application to vary the registration was submitted to RQIA by Mr Christopher Bloomer on behalf of Amaris (North Coast) Ltd in respect of Boyd Logue Associates (Portrush) to relocate to new purpose built premises and increase the number of dental chairs from one to two.

3.0 Service details

Organisation/Registered Provider: Amaris (North Coast) Ltd **Responsible Individual:** Mr Christopher Bloomer	**Registered Manager:** Mr Christopher Bloomer – acting manager
Person in charge at the time of inspection: Mr Christopher Bloomer	**Date manager registered:** Awaiting application
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** One increasing to two following this inspection

Amaris (North Coast) Ltd is the Registered Provider of two dental practices registered with RQIA. Mr Christopher Bloomer is the Responsible Individual for Amaris (North Coast) Ltd.

4.0 Inspection summary

We undertook an announced care and variation to registration inspection on 27 November 2020 from 10:00 to 10.30 hours. Phil Cunningham, Senior Estates Inspector, undertook a premises inspection of the establishment at the same time.

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 and to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

Mr Bloomer had previously informed RQIA that the practice would temporarily close to facilitate the move to new premises. Mr Bloomer stated that patients registered with this practice had been formally notified of the closure and were invited to attend Boyd Logue Associates,

Coleraine, for dental care and treatment. We also confirmed that staff had temporarily transferred to work in Boyd Logue Associates, Coleraine, in the interim and would return to Boyd Logue Associates, Portrush, upon confirmation of the variation approval by RQIA.

We undertook a tour of the premises and met with Mr Christopher Bloomer. We reviewed relevant records and documents in relation to the day to day operation of the practice and in respect of the variation application. Some information pertaining to this inspection was reviewed during the inspection of Boyd Logue Associates, Coleraine, which was conducted later on the same day.

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.

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

The findings of the inspection were provided to Mr Bloomer at the conclusion of the inspection.

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 Christopher Bloomer, 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 19 June 2018

The most recent inspection of the establishment was an announced care inspection. No inspection was undertaken in the 2019/20 inspection year as the dental practice was closed as previously discussed in section 4.0 of this report.

4.3 Review of areas for improvement from the last care inspection dated 19 June 2018

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

5.0 How we inspect

In response to the COVID-19 pandemic we reviewed our inspection methodology and considered various options to undertake inspections. The purpose of this was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

One option considered was a blended inspection methodology; meaning providers completed and submitted a self-assessment with supporting documentation to be reviewed in advance of the onsite inspection. The purpose of the onsite inspection is to validate the information submitted.

We agreed to pilot this methodology in dental practices and Boyd Logue Associates agreed to participate in the pilot. The self-assessment and supporting documents were submitted by the practice within the agreed timeframe and reviewed on 20 November 2020.

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;
- the completed self-assessment detailing the management of operations in response to the COVID-19 pandemic; information in relation to the management of medical emergencies; infection prevention and control (IPC); and decontamination of reusable dental instruments
- written and verbal communication received since the previous care inspection;
- the previous care inspection report; and
- the variation application and associated documents.

As previously discussed this practice has been temporarily closed during the relocation to new premises therefore we did not request patients or staff questionnaires to be complete as part of this inspection process.

During the inspection, we spoke with Mr Bloomer and an associate dentist.

The findings of the inspection were provided to Mr Bloomer 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 Health and Social Care Board (HSCB) operational guidance with Mr Bloomer. 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 evidenced that staff last completed medical emergency refresher training on 24 February 2020 which took place in Boyd Logue Associates, Coleraine. 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.

Mr Bloomer demonstrated a good understanding of the actions to be taken in the event of a medical emergency and was able to identify to us the location of medical emergency medicines and equipment. Mr Bloomer told us that staff were 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 new premises. We 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 observed the finish in relation to the new dental surgeries and found that building works had been completed to a high standard of specification. We noted that the flooring in the surgeries was impervious and coved where it meets the walls; the surgeries were tidy and uncluttered and work surfaces were intact and easy to clean. Cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices.

We observed that a dedicated hand washing basin was available in each new surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to hand washing basins. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available.

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 will continue 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.

Mr Bloomer confirmed that IPS audits will recommence and will be completed every six months. Mr Bloomer told us that the outcome of the audit will be discussed during staff meetings. Mr

Bloomer stated that should the audit identify areas for improvement, an action plan would be generated to address the issues identified.

We observed that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. Mr Bloomer told us that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

We observed that clinical waste bins provided in clinical areas were foot operated in keeping with best practice guidance. We confirmed that appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste.

Mr Bloomer told us the dental chairs operate an independent bottled-water system and confirmed that the dental unit water lines (DUWLs) would be appropriately managed and audited.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities.

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.

Mr Bloomer informed us that when the practice was operational the processes regarding the decontamination of reusable dental instruments would have being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool on a six monthly basis. We confirmed the IPS audit will be undertaken when staff return to work in the new dental practice prior to dental treatment re-commencing.

We found that appropriate equipment, including a washer disinfector, a DAC Universal 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.

Mr Bloomer informed us 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. Mr Bloomer confirmed that sufficient dental instruments are available to service the second dental surgery.

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 Radiology and radiation safety

The practice has two surgeries each of which have an intra-oral x-ray machine.

Mr Bloomer is the radiation protection advisor (RPS), and was aware of the legislation surrounding radiology and radiation safety. We confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

We found a dedicated radiation protection file containing all relevant information was in place. Mr Bloomer informed us he regularly reviews the information contained within the file to ensure that it is current.

Following installation, x-ray producing equipment is subject to a critical examination and acceptance test in accordance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018. We noted that this was completed on 24 August 2020 for the x-ray machine in surgery one and on 18 September 2020 for the x-ray machine in surgery two. We confirmed that the critical examination report had been reviewed and endorsed by the RPA.

We also confirmed the appointed RPA will complete a quality assurance check of each x-ray machine every three years.

We evidence that the new intra-oral x-ray machines are under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.
Mr Bloomer demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Bloomer confirmed that all dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Review of records evidenced that the Health and Safety Executive had been formally notified that x-ray producing equipment had been installed in the premises in keeping with legislative requirements.

Areas of good practice: Radiology and radiation safety

We found radiology and radiation safety arrangements evidenced that the RPS for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement: Radiology and radiation safety

We identified no areas for improvement regarding radiology and radiation safety.

	Regulations	Standards
Areas for improvement	**0**	**0**

6.6 Environment

We found that the premises was renovated to a high standard for the purposes of the dental practice. During and on completion of the renovation works, Mr Bloomer forwarded confirmations to RQIA of the relevant building and engineering commissioning certification and documentation as well as statutory approvals including:

- Planning Authority approval;
- Building Control approval;
- Fire risk assessment;
- Legionella risk assessment;
- Confirmation that the ventilation systems installed in the surgeries are in accordance with the HSCB operational guidance for reduction of fallow periods during Covid-19; and
- Commissioning certification for the:

    - Fixed wiring installation;
    - Fire alarm installation;
    - Emergency lighting installation; and
    - Plumbing installation – confirmation that it has been designed and installed in accordance with HSG 274 part 2.

The variation to registration in respect of the new premises and the increase in the number of registered dental chairs from one to two was approved from an estates perspective following this inspection.

Areas of good practice: Environment

We found the premises was well presented and in line with relevant legislative requirements, codes of practice and good practice guidance.

Areas for improvement: Environment

We identified no areas for improvement in respect of the environment.

	Regulations	Standards
Areas for improvement	**0**	**0**

6.7 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 Bloomer was in day to day management of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.7 Equality data

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

6.9 Additional areas examined

6.9.1 Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. We found the statement of purpose had been updated to reflect the change of location and additional dental chair.

6.9.2 Patient guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. We found the patient guide had also been updated to reflect the change of location and additional dental chair.

6.9.3 Policies and procedures

We confirmed a range of policies and procedures were in place that had been localised to the practice. We noted that policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures has been developed.

6.9.4 Records

Mr Bloomer told us a computer system had been installed and the practice was in the process of transferring all relevant documents held in hard copy onto the computer software package. We confirmed that electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Mr Bloomer told us that staff were being provided with training in relation to the new computer system and confirmed that ongoing support was readily available.

We noted policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation; storage; recording; retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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

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