Announced Variation to Registration Inspection Report
11 August 2020

Stormont Dental Care Limited

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 502 Upper Newtownards Road, Belfast,
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Tel No: 028 9065 3678
Inspectors: Steven Smith and Gavin Doherty

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 Regulation 26 report, as applicable; and
- review of areas for improvement identified during the previous care inspection (if applicable.

2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Stormont Dental Care Limited **Responsible Individual:** Ms Louise Taggart	**Registered Manager:** Ms Louise Taggart
Person in charge at the time of inspection: Ms Louise Taggart	**Date manager registered:** 17 August 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Two (increasing to four following this inspection)

4.0 Action/enforcement taken following the most recent inspection dated 23 January 2020

The most recent inspection of Stormont Dental Care Limited was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 23 January 2020

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

5.0 Inspection summary

We undertook an announced variation to registration inspection on 11 August 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).

This practice was initially registered with Regulation and Quality Improvement Authority (RQIA) on 17 August 2012 with two dental surgeries.

A variation to registration application was submitted to RQIA by Ms Louise Taggart, Responsible Individual. The application was to increase the number of registered dental chairs from two to four.

We employed a multidisciplinary inspection methodology during this inspection. Mr Gavin Doherty, RQIA estates inspector reviewed matters relating to the premises; additional information in this regard can be found in section 6.6 of this report.

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.

A poster informing patients that an inspection was being conducted was displayed.

We undertook a tour of the premises, met with Ms Louise Taggart, Responsible Individual, the practice manager and a dental nurse; reviewed relevant records and documents in relation to the new surgeries and the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies, infection prevention and control and decontamination; the practices adherence to best practice guidance in relation to COVID-19 and the arrangements in relation to radiology.

No immediate concerns were identified in relation to the delivery of front line patient care. No areas requiring improvement were identified during this inspection.

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

The findings of the inspection were provided to Ms Taggart at the conclusion of the inspection.

5.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

No areas for improvement were identified during this inspection.

6.0 Inspection Findings

6.1 Management of operations in response to COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Ms Taggart, 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 cross-infection control procedures; and the patient pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

No areas for improvement were identified during the inspection in relation to the management of operations in response to COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 Management of medical emergencies

Management of medical emergencies

We reviewed the arrangements for the management of a medical emergency. 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 noted that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

We confirmed that there was a robust system 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 reviewed staff training records and spoke with staff who confirmed that 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 September 2019. We found that this training included first aid and also scenario based exercises to simulate 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 told us that they also participated in cardiopulmonary resuscitation (CPR) and basic airway management including the use of an AED during this training session.

Staff 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 was in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement: Management of medical emergencies

No areas for improvement were identified during the inspection in relation to the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control

Infection prevention and control (IPC)

We reviewed the arrangements for 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 all building works had been completed to a high standard of specification and décor in all areas. All areas of the practice were fully equipped to meet the needs of patients.

We noted that detailed cleaning schedules have been developed to include all areas of the practice which will be signed on completion. We observed a colour coded cleaning system was in place and colour coded cleaning equipment had been provided.

We reviewed the finish in relation to the two new dental surgeries. 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 surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to each hand washing basin. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available.

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; to include FFP3 masks. A FFP3 face mask is a respirator mask that covers the mouth and nose, FFP stands for 'filtering facepiece'; FFP face masks are classified into three groups. The performance of these masks depends on achieving good contact between the wearer's skin and the face seal of the facepiece. The only way to ensure 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 records confirming that appropriate staff have been fit tested for FFP3 masks.

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

Staff told us that both dental chairs operate independent bottled-water systems which are subject to the same disinfection and maintenance regime. We confirmed that the dental unit water lines (DUWLs) were being appropriately managed.

We observed that clinical waste bins in the surgeries 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.

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 personal protective equipment; hand hygiene practice; and waste and sharps management.

We confirmed that the most recent IPS audit had been completed by the practice manager on the day of the inspection. Staff spoken with confirmed that IPS audits are completed in a meaningful manner and the process involves all dental nurses on a rotational basis. Staff also told us that the outcome of the audit is discussed during regular staff meetings. The practice manager told 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 conventional needles and syringes were used by dentists when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as is reasonably practicable. We confirmed that a risk assessment had been undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified. We discussed best practice in respect of sharps with Ms Taggart and staff and reinforced that it is the responsibility of the user of the sharp to safely dispose of it.

We reviewed training records and evidenced that staff had received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff spoken with demonstrated a good knowledge and understanding of IPC procedures.

We reviewed personnel records and confirmed that evidence of the Hepatitis B vaccination status of clinical staff had been retained. These records had either been generated by the staff member's GP or by an occupational health department. The practice manager told us that all newly recruited clinical staff members, new to dentistry, would be automatically referred to occupational health.

Areas of good practice: Infection prevention and control

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement: Infection prevention and control

No areas for improvement were identified during the inspection in relation to infection prevention and control.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

We reviewed the arrangements in relation to the decontamination of reusable dental instruments. We observed that a new decontamination room had been established, separate from patient treatment areas and dedicated to the decontamination process. We confirmed 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 of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

We reviewed current practice and evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

We noted that appropriate equipment, including a washer disinfector, two steam sterilisers and a DAC Universal, had been provided to meet the practice requirements. We confirmed that the equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. We reviewed equipment logbooks which evidenced that periodic tests had been undertaken and recorded in keeping with HTM 01-05.

We found that staff were aware of what practice equipment should be treated as single use and what equipment is suitable for decontamination. We confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

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 includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement: Decontamination of reusable dental instruments

No areas for improvement were identified during the inspection in relation to the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Radiology and radiation safety

Radiology and radiation safety

We reviewed the arrangements in relation to radiology and radiation safety. We confirmed that the four surgeries were each equipped with an intra-oral x-ray machine.

We confirmed that Ms Taggart is the radiation protection supervisor (RPS) for the practice. Discussion with Ms Taggart identified that she was aware of the relevant legislation surrounding radiology and radiation safety. We reviewed records and confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) had been appointed.

We noted that a dedicated radiation protection file containing all relevant information was in place. Review of this file evidenced that Ms Taggart 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 during July 2020 for the new intra oral x-ray machines installed in surgeries three and four, and confirmed that the critical examination report had been reviewed and endorsed by the RPA.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA, completed on 03 August 2020, demonstrated that the recommendations made had been addressed.

The two new intra-oral x-ray machines are under manufacturer's warranty and Ms Taggart confirmed that they will be serviced and maintained in keeping with the manufacturer's instructions.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

We 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

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement: Radiology and radiation safety

No areas for improvement were identified during the inspection in relation to radiology and radiation safety.

	Regulations	Standards
Areas for improvement	0	0

6.6 Environment

During the inspection we reviewed a range of information relevant to the service. These included the following records:

- Building Control approvals for plans;
- Floor plans for the premises;
- Legionella and Fire Risk Assessment; and
- Mechanical & Electrical design installation and commissioning documentation.
    - Fixed electrical installation
    - Fire detection and alarm system
    - Emergency lighting installation
    - Portable fire-fighting equipment
    - Gas safe certificate

We found that all the required statutory approvals were in place, and that the processes required to maintain these approvals were also in place at the time of the inspection.

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. The premises were found to have been completed to a very high standard throughout and subsequent to the inspection, Building Control approval was confirmed on 28 August 2020.

Areas for improvement: Environment

No areas for improvement were identified during the inspection in relation to the environment.

	Regulations	Standards
Areas for improvement	0	0

6.7 Visits by the Registered Provider (Regulation 26)

Where the 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, Regulation 26 unannounced quality monitoring visits by the Registered Provider or their nominated individual must be undertaken and documented every six months. Ms Taggart is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

6.8 Equality data

Equality data

Arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Taggart and staff.

6.9 Patient and staff views

We received four patient questionnaire responses. All indicated that they 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 very satisfied with each of these areas of their care. Comments included in the returned patient questionnaires indicated a high level of satisfaction with the treatment, care and service provided by Stormont Dental Care Limited.

We received eleven staff questionnaire responses. All staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were either very satisfied or satisfied with each of these areas of patient care.

6.10 Conclusion

Ms Taggart submitted a variation to registration application on behalf of Stormont Dental Care Limited to increase the number of dental chairs from two to four. The variation to registration application has been granted from a care and estates perspective.

6.11 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 during this inspection, and a QIP is not required or included, as part of this inspection report.

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