

Announced Care Inspection Report

12 January 2021



Clear Dental Ballyclare

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 22 Doagh Road, Ballyclare BT39 9BG

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Inspector: Norma Munn

www.rqia.org.uk

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
- review of the areas for improvement identified during the previous care inspection (where applicable)

2.0 Profile of service

Clear Dental Ballyclare is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has three registered dental surgeries and provides general dental services.

3.0 Service details

Organisation/Registered Provider: Clear Dental Care (NI) Limited Responsible Individual: Mr Mark Tosh	Registered Manager: Ms Charlene Cassells
Person in charge at the time of inspection: Ms Charlene Cassells	Date Manager registered: 21 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

Clear Dental Care (NI) Limited is the Registered Provider for 13 dental practices registered with RQIA. Mr Mark Tosh is the Responsible Individual for Clear Dental Care (NI) Limited.

4.0 Inspection summary

We undertook an announced inspection on 12 January 2020 from 10:20 to 12:30.

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 and met with Mr Mark Tosh, Responsible Individual; Ms Charlene Cassells, Registered Manager; an associate dentist; and a dental nurse. 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; 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.

One area for improvement has been made against the regulations in relation to infection prevention and control.

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

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	1	0

Details of the quality improvement plan (QIP) were discussed with Mr Mark Tosh, Responsible Individual, 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 15 October 2019

The most recent inspection of Clear Dental Ballyclare 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 15 October 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
- the previous care inspection report

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

The findings of the inspection were provided to Mr Tosh 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 staff and application of the Health and Social Care Board (HSCB) operational guidance. We were informed 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 with the exception of Glucagon medication. We found that the Glucagon was stored out of the fridge and the expiry date had not been amended in accordance with manufacturer's instructions. We discussed this with Mr Tosh and following the inspection we received evidence that this issue had been addressed.

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 noted that the Aspirin medication provided was not dispersible. We discussed this with Mr Tosh and following the inspection we received evidence that dispersible Aspirin had been provided.

We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available.

We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during February 2020. We found that this training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

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

Areas for improvement: Management of medical emergencies

We identified no 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 some areas of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all areas of the practice reviewed were fully equipped to meet the needs of patients. Some issues were identified in relation to infection prevention and control that should be addressed as follows:

- repair or replace the torn cover on the identified dental chair
- effectively seal the floor covering where it meets the wall in the decontamination room
- effectively seal the gap behind the hand wash basin in the decontamination room
- repaint and make good the identified area surrounding the window in the decontamination room

Following the inspection we were informed that the issues identified would be addressed. An area for improvement against the regulations has been made in this regard.

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 FFP2 or FFP3 masks. An FFP2 or 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 FFP2 or 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 majority of appropriate staff had been fit tested for FFP3 masks. We were informed that where FFP3 fit testing was not successful these staff had been successfully fit tested for FFP2 masks in keeping with HSCB guidance.

We confirmed the practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved the dental nurses. Staff told us that the outcome of the audit was discussed during regular staff meetings. Staff informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

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

We were informed that one new staff member commenced work since the previous inspection. We reviewed the personnel records regarding this staff member and confirmed that a record was retained to evidence their Hepatitis B vaccination status. We noted this record had been generated by an occupational health department. We were told that 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 that in the main good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

An area for improvement has been made to address the issues identified in relation to IPC.

	Regulations	Standards
Areas for improvement	1	0

6.4 Decontamination of reusable dental instruments

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room

facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool.

We found that appropriate equipment, including a washer disinfectant and two steam sterilisers 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 current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

Areas of good practice: Decontamination of reusable dental instruments

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

Areas for improvement: Decontamination of reusable dental instruments

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Visits by the Registered Provider (Regulation 26)

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

As discussed in section 3.0, Clear Dental Ballyclare is operated by Clear Dental Care (NI) Limited. Mr Mark Tosh is the Responsible Individual for Clear Dental Care (NI) Limited. We were informed that Mr Tosh undertakes the unannounced quality monitoring visits to Clear

Dental Ballyclare. We were told that should these unannounced visits identify issues an action plan would be developed to address any deficits; including timescales and persons responsible for completing the actions. We were informed that these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read. As Mr Tosh works in Clear Dental Ballyclare as a clinician we advised that, in the future, Mr Tosh nominates a member of the senior management team within Clear Dental Care (NI) Limited to undertake the visits on his behalf.

Areas of good practice

We evidenced that reports documenting the findings of visits by the Registered Provider were maintained and these evidenced that the visits were in keeping with the legislation.

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 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. Staff told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. No completed patient or staff questionnaires were returned to RQIA.

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

We identified an area for improvement as detailed in the QIP. We discussed the details of the QIP with Mr Tosh, Responsible Individual 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15(7) Stated: First time To be completed by: 12 February 2021	The Registered Person shall address the following issues: <ul style="list-style-type: none"> • repair or replace the torn cover on the identified dental chair • effectively seal the floor covering where it meets the wall in the decontamination room • effectively seal the gap behind the hand wash basin in the decontamination room • repaint and make good the identified area surrounding the window in the decontamination room Ref: 6.3
	Response by Registered Person detailing the actions taken: The floor and gap in decon room have been sealed the torn foot cover has been removed as it is only an extra to protect the chair it does not need replaced arrangements have been made to have the window frame repainted in the decon room

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



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