Announced Care Inspection Report
16 September 2020

{my}dentist, The Collon

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 1 St Patrick's Terrace, Pennyburn, Londonderry, BT48 7QR
Tel no: 028 7126 0612
Inspector: Stephen O'Connor

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.

3.0 Service details

Organisation/Registered Provider: IDH Acquisitions Limited **Responsible Individual:** Ms Nyree Whitley	**Registered Manager:** Ms Erin McCafferty
Person in charge at the time of inspection: Ms Erin McCafferty	**Date manager registered:** 17 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Four

IDH Acquisitions Limited is the registered organisation for five dental practices registered with RQIA. Ms Nyree Whitley is the Responsible Individual for IDH Acquisitions Limited.

4.0 Action/enforcement taken following the most recent inspection dated 29 March 2019

The most recent inspection of the {my}dentist, The Collon was an announced care inspection. No areas for improvement were made during that inspection.

4.1 Review of areas for improvement from the last care inspection dated 29 March 2019

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

5.0 Inspection summary

We undertook an announced inspection on 16 September from 09:50 to 11:40 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 the premises, met with Ms McCafferty, Registered Manager; two associate dentists and the lead dental nurse; and 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; and the decontamination of reusable dental instruments. We identified an issue in relation to the facemasks worn by staff. While the masks offered a satisfactory level of protection for staff and patients, they were not in keeping with the Health and Social Care Board (HSCB) best practice guidance in relation to COVID-19. The issues identified were discussed with Ms Nyree Whitley, Responsible Individual, and additional information can be found in section 6.3 of this report.

5.1 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 Ms McCafferty, Registered Manager at the conclusion of the inspection and with Ms Whitley, Responsible Individual and a Compliance Officer following the inspection. Details of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this 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 Ms McCafferty and staff and the application of the HSCB operational guidance. We found that corporate COVID-19 policies and procedures were in place and these specified the level of PPE to be worn by clinical staff whilst undertaking AGPs. The level of PPE regarding facemasks specified in the policy, while offering a satisfactory level of protection to staff and patients was not in keeping with the HSCB operational guidance. Additional information can be found in section 6.3 below.

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; 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 received confirmation that the policies and procedures in relation to COVID-19 were updated following the inspection in line with the HSCB guidance on facemasks. 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 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 reviewed training records and evidenced that staff last completed medical emergency refresher training during June 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.

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 premises and 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 established that personal protective equipment (PPE) was readily available in keeping with best practice guidance with the exception of FFP3 facemasks. A higher level of PPE is required when dental treatment using AGPs are undertaken including the use of FFP3 masks. The HSCB operational guidance stipulates that FFP3 masks should be worn during AGPs and that FFP2 masks can be used as an alternative should FFP3 masks be unavailable. Clinical staff should be fit tested for FFP2/FFP3 masks. FFP2/3 masks are respirator masks that cover 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 FFP2/3 masks 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 and confirmed that all staff had been fit tested for FFP2 masks. Clinical staff spoken with confirmed that FFP2 masks were worn during AGPs with the exception of one associate dentist who was wearing an FFP3 mask.

We reviewed the corporate policy; the policy specified the level of PPE to be worn during AGPs; and indicated that FFP2 masks could be worn when undertaking an AGP. As previously stated, FFP2 masks will offer a satisfactory level of protection to staff and patients, however, they are only to be used as an alternative when FFP3 masks are unavailable.

The issue identified with the level of facemasks worn during AGPs procedures was discussed with Ms McCafferty and staff during the inspection. Following the inspection the identified issue was discussed with senior representatives within RQIA and with Ms Whitley and a Compliance Officer for the {my} dentist group.

Ms Whitley told us that a corporate decision was taken that clinical staff could wear FFP2 masks, as they were unable to source a consistent supplier for FFP3 masks, at the start of the pandemic. This decision had not been revisited by the organisation when the supply chain of FFP3 masks improved. We reinforced the HSCB operational guidance in respect of the level of masks to be worn during AGPs and specified the actions required to ensure compliance.

Ms Whitley readily agreed to take immediate action and submit evidence to demonstrate actions taken to achieve compliance by 2 October 2020. As discussed in section 3.0 of this report, this practice is one of five practices operated by IDH Acquisitions Limited; therefore we sought assurance in relation to all five practices.

On 30 September 2020, evidence was submitted to us by email confirming that:

- the corporate policy had been updated to specify the level of facemasks to be worn by clinical staff during AGPs; review of the updated policy evidenced it was in keeping with the HSCB operational guidance;
- evidence that all clinical staff within the {my} dentist group in all five registered dental practices had been fit tested for FFP3 masks;
- proof of purchase of FFP3 masks; and
- a detailed description of the governance and oversight arrangements for ensuring the corporate COVID-19 policy and procedures are reviewed and amended following the publication of new 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 all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. Ms McCafferty 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 examined the staff register and noted that two new trainee dental nurses had commenced work since the previous inspection. We reviewed the personnel records of the new trainee dental nurses and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had either been generated by an occupational health department. Ms McCafferty told us 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 infection prevention and control and evidenced good practice.

Areas for improvement: Infection prevention and control

The identified issues in relation to the facemasks were fully addressed following the inspection and we found no further areas for improvement regarding infection prevention and control.

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

6.4 Decontamination of reusable dental instruments

We observed that 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 reviewed the most recent IPS audit, completed during July 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice. Staff spoken with told us that should the audit identify areas for improvement an action plan is generated to address the identified issues.

We found that appropriate equipment, including a washer disinfector 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 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. We confirmed that Ms Whitley delegates the task of undertaking the unannounced quality monitoring visits to the Clinical Director. We reviewed the previous two unannounced quality monitoring visit reports completed by the Clinical Director. We confirmed these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

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 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. Ms McCafferty and 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; no completed patient questionnaire were submitted to us prior to the inspection.

We invited staff to complete an electronic questionnaire and one staff member submitted a response. The staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and indicated that they were satisfied with each of these areas of patient care. No comment was included in the submitted questionnaire response.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews