

# Announced Care Inspection Report 22 December 2020



## Dobbin Street Dental Surgery

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 36 Dobbin Street, Armagh, BT61 7QQ**  
**Tel No: 028 3752 2580**  
**Inspector: Karen Weir**

[www.rqia.org.uk](http://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

Dobbin Street Dental Surgery 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 two registered dental surgeries and provides general dental services.

## 3.0 Service details

<b>Registered Person:</b> Mr Enda McGrane	<b>Registered Manager:</b> Mr Enda McGrane
<b>Person in charge at the time of inspection:</b> Mr Enda McGrane	<b>Date manager registered:</b> 30 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

## 4.0 Inspection summary

We undertook an announced inspection on 22 December 2020 from 10:00 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, met with Mr Enda McGrane, Registered Person; and the lead 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.

**4.1 Inspection outcome**

	Regulations	Standards
<b>Areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Enda McGrane, Registered Person, 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 4 September 2019**

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

**4.3 Review of areas for improvement from the last care inspection dated 4 September 2019**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Standard 13.4  Stated: First time	The registered person shall ensure that the daily periodic testing of decontamination equipment is recorded contemporaneously.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed with Mr McGrane the daily periodic testing of decontamination equipment is recorded contemporaneously. We reviewed the equipment log books, evidencing the daily periodic testing of decontamination of equipment, on inspection, and found the records to be complete.	
<b>Area for improvement 2</b> Ref: Standard 13.2  Stated: First time	The registered person shall ensure that filled clinical waste bags and sharps boxes awaiting collection are not stored in the decontamination room and an alternative area is identified for their storage which is in line with best IPC practice.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  We confirmed, on inspection, Mr McGrane had identified an alternative area to store filled clinical waste bags and sharps boxes. The area identified is secure and is in line with best IPC practice.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time</p>	<p>The registered person shall ensure there is evidence of the appointment of a RPA/MPE for the practice.</p> <p><b>Action taken as confirmed during the inspection:</b>                  We confirmed, on inspection, that Mr McGrane has appointed a Radiation Protection Advisor (RPA) who is also a Medical Physics Expert(MPE) for the practice.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time</p>	<p>The registered person shall ensure all relevant radiology documentation and practice is kept up to date and reflective of current legislation, with the involvement of the MPE/RPA. The RPS should undertake a meaningful review of the information at least annually.</p> <p><b>Action taken as confirmed during the inspection:</b>                  We confirmed on inspection that radiology documents were kept up to date and reflective of current legislation. Evidence to this effect was available and up to date at the time of inspection. As the Radiation Protection Supervisor (RPS) Mr McGrane had undertaken a review of the information and had subsequently not dated the review. Evidence was submitted, following the inspection, to confirm this had been actioned and the RPS review had been dated appropriately.</p>	<p><b>Met</b></p>

## 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 prior to the inspection.

The findings of the inspection were provided to Mr McGrane, Registered Person and the lead dental nurse, 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 McGrane and the lead dental nurse, 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 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 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 observed that Buccolam pre filled syringes had not been provided in sufficient doses as recommended by the HSCB and BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses recommended. We advised that additional doses of Buccolam should be provided as recommended. Following the inspection we received evidence that additional doses of Buccolam had been provided accordingly.

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 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 in January 2021. This training will include first aid and scenario-based exercises that simulate 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 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
<b>Areas for improvement</b>	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 premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that these 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. 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 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.

The lead nurse 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. The lead nurse 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 the most recently recruited staff member commenced work during Feb 2020. We reviewed the personnel records regarding this staff member and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had been generated by the staff member’s GP. The lead nurse told us that in the future all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to occupational health (OH).



**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
<b>Areas for improvement</b>	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.

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 August 2020 and found that the audit had been completed in a meaningful manner and had areas of good practice.

Appropriate equipment, including a DAC Universal and two steam sterilisers, one of which was not in use, have been provided to meet the practice requirements. 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 established that Mr McGrane was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the registered provider were not applicable.

### 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. Mr McGrane and the lead nurse told us that equality data collected was managed in line with best practice.

### 6.7 Patient and staff views

As discussed in Section 5.0, the practice distributed questionnaires to patients on our behalf and we invited staff to complete an electronic questionnaire. No completed patient or staff questionnaires were submitted to us prior to the inspection.

### 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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)