

Announced Care Inspection Report 4 November 2020



Larne Dental Centre

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

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Inspector: Carmel McKeegan

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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; 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 five registered places.

3.0 Service details

Organisation/Registered Provider: Mrs Jillian Saulters Responsible Individual: Mrs Jillian Saulters	Registered Manager: Mrs Jillian Saulters
Person in charge at the time of inspection: Mrs Jillian Saulters	Date manager registered: 25 February 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Five

4.0 Inspection summary

We undertook an announced inspection on 4 November 2020 from 09:00 to 10:20.

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 Mrs Jillian Saulters, Responsible Individual, the practice manager and a 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; decontamination of reusable dental instruments; the practices' 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 findings of the inspection were provided to Mrs Saulters and the practice manager 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 Mrs Saulters and the practice manager as part 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 November 2019

The most recent inspection was a joint announced care and variation to registration 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 22 November 2019

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (3) Stated: First time	The responsible individual shall ensure a staff register is kept up to date and includes all information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005.
	Action taken as confirmed during the inspection: We reviewed the staff register and found this record was up to date. Discussion with Mrs Saulters and the practice manager confirmed they were aware that this register should be updated when a new staff member commences work in the practice or should a staff member cease to work in the practice.
Area for improvement 2 Ref: Regulation 23 (1)	The responsible individual shall ensure complaints are managed in accordance with the practice's own complaint policy and procedure and best practice guidance.

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: We reviewed the complaints record and confirmed that complaints received since the previous inspection have been recorded in keeping with practice's complaint policy. We found a complaints tracker process has been implemented to ensure that complainants are acknowledged and responded to within the time limits outlined in the practice's own complaints policy and procedure. We noted that the complainant's level of satisfaction regarding the outcome of their complaint was also included. We found the complaints tracker record was up to date.</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1 Ref: Standard 11.8</p>	<p>The responsible individual shall ensure an audit of complaints is undertaken on a regular basis and the outcome shared with staff.</p>
<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: We confirmed that complaints are audited on a monthly basis. Discussion with Mrs Saulters and the practice manager demonstrated that they were aware of trends and/or recurring themes. Mrs Saulters outlined the action taken to address identified learning resulting from the complaints auditing process.</p>

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 Larne Dental Centre agreed to participate in the pilot. The self-assessment and supporting documents were submitted by the practice within the agreed timeframe and reviewed on 22 September 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.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire before the inspection. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report.

During the inspection, we spoke with Mrs Saulters, the practice manager and a dental nurse.

The findings of the inspection were provided to Mrs Saulters and the practice manager 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 application of the Health and Social Care Board (HSCB) operational guidance with Mrs Saulters and staff. 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 reviewed training records and evidenced that staff last completed medical emergency refresher training on 8 November 2019. We were informed medical emergency refresher training for 2020 will be delivered to staff on 30 November 2020. The previous 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 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. 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 face 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 the 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.

Mrs Saulters and staff 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. We were 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.

Mrs Saulters told us that no new clinical members of staff had been recruited since the previous inspection. Mrs Saulters and the practice manager were aware that clinical staff members new to dentistry must be referred to occupational health and that records to evidence their Hepatitis B vaccination status for all staff should be retained.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to infection prevention and control practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding infection prevention and control.

	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.

We confirmed 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 on 28 July 2020 and found that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved, as applicable.

We found that appropriate equipment, including two washer disinfectors 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. We established that Mrs Saulters 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. We established 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 and one patient submitted a response to RQIA. We found the patient felt their care was safe and effective, that they were treated with compassion and that the service was well led. They also indicated they were very satisfied with each of these areas of their care. The following comment was provided in the submitted questionnaire response:

- 'Fabulous dental practice. Jillian and her staff go well beyond what they are required to do for you. First class service.'

We found two staff submitted questionnaire responses to RQIA. We found both staff felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Both staff also indicated that they were very satisfied with each of these areas of patient care.

6.8 Additional areas examined

Following the previous joint announced care and registration inspection on 22 November 2019 Mrs Saulters was invited to attend an enhanced feedback meeting at RQIA on 11 March 2020. The purpose of this meeting was to discuss information received by RQIA and HSCB concerning the governance arrangements in the practice specifically relating to the number of dentists available to meet the needs of patients and the management of patient appointments. We had also identified that the practice had experienced a high turnover of staff, particularly in relation to associate dentists and we wished to discuss this with Mrs Saulters.

At the meeting on 11 March 2020 Mrs Saulters gave assurances that the governance and oversight arrangements had been reviewed to ensure that dental staff would be provided in sufficient numbers to meet the needs of a reduced patient list and patient appointment arrangements would be monitored. Mrs Saulters stated that Larne Dental Centre would move to provide mainly private dental care and treatment for a manageable number of patients and that she did not intend to employ associate dentists in the near future.

During this inspection we established that no new staff had commenced employment since the previous inspection on 22 November 2019. Mrs Saulters told us that following the meeting in March 2020 she had initiated reducing the registered patient list in a sensitive and proportionate manner when the COVID-19 pandemic occurred. Mrs Saulters and the practice manager evidenced that during the intervening months they had notified HSCB of the withdrawal of continuing care for a number of patients. Mrs Saulters agreed to keep HSCB up to date and informed of the out-workings in reducing the registered patient list.

Mrs Saulters also told us that a new associate dentist will be joining Larne Dental Centre in the near future. We were informed the decision to recruit an associate dentist had been taken to strengthen the continuity of care for patients as the practice has been solely

dependent on Mrs Saulters as the only available dentist during the past few months. We confirmed that the practice recruitment policy was being followed for the appointment of the new associate dentist.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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