

# **Announced Care and Variation to Registration Inspection Report 9 December 2020**



## **Downshire Dental**

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

**Address: 35 Rathfriland Street, Banbridge, BT32 3LA**

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**Inspector: Karen Weir**

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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 two registered places providing general dental services, private and National Health Service treatment without sedation.

## 3.0 Service details

<b>Registered providers:</b> Ms Catherine O'Doherty and Ms Tracey Campbell	<b>Registered Manager:</b> Ms Catherine O'Doherty
<b>Person in charge at the time of inspection:</b> Ms Catherine O'Doherty and Ms Tracey Campbell	<b>Date manager registered:</b> 3 October 2019
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two (increasing to three following this inspection)

## 4.0 Inspection summary

We undertook an announced variation to registration inspection on 9 December 2020 from 10:00 to 12:30hrs.

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), by Ms Catherine O'Doherty and Ms Tracey Campbell, on 20 August 2019 with two dental surgeries.

At the outset of our inspection Ms O'Doherty and Ms Campbell informed us that three dental surgeries were provided in this dental practice. We determined a third dental surgery had been added since the previous inspection and was not yet registered with RQIA. The third surgery was discussed with Ms O'Doherty and Ms Campbell, Registered Persons. We advised an application to vary the registration, to increase the number of registered dental chairs from two to three, should have been submitted to RQIA. Ms O'Doherty and Ms Campbell readily agreed to submit an application to vary the registration at the earliest opportunity.

A variation to registration application was submitted to RQIA by Ms Tracey Campbell, Registered Person, immediately following this inspection. The application was to increase the number of registered dental chairs from two to three.

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. The arrangements within the practice for the provision of private dental care and treatment associated with the new additional dental chair were also reviewed.

We undertook a tour of some areas of the premises, met with Ms Catherine O'Doherty and Ms Tracey Campbell, Registered Persons and two dental nurses. We reviewed relevant records and documents in relation to the day to day operation of the practice and in respect of the new dental surgery.

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; governance arrangements and the arrangements for radiology in the new surgery.

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

Mr Raymond Sayers, RQIA premises inspector, reviewed matters relating to the premises and requested specific documents to be submitted remotely to RQIA; additional information in this regard can be found in section 6.6 of this report.

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

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

#### 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 Ms O'Doherty and Ms Campbell, Registered Persons, 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 20 August 2019

The most recent inspection of the establishment was an announced pre-registration care inspection.

### 4.3 Review of areas for improvement from the last care inspection dated 20 August 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; and
- the previous care inspection report.

Questionnaires were provided to patients, prior to the inspection, by the establishment on our behalf. Returned completed patient questionnaires were analysed prior to the inspection and are discussed in section 6.9 of this report.

We also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned prior to 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 Ms O'Doherty and Ms Campbell, and the 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 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 that Automated External Defibrillator (AED) pads in stock had exceeded their expiry dates and the oropharyngeal airways size 0- 4 had been misplaced due to the recent renovation work. We discussed this with Ms O'Doherty and Ms Campbell and following the inspection we received photographic evidence that the AED pads and oropharyngeal airways had been replaced. We advised that a more robust system should be developed 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. Ms O'Doherty and Ms Campbell agreed to action this with immediate effect.

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 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 of the premises, including the new surgery. We noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all areas of the practice toured were fully equipped to meet the needs of patients.

We reviewed the finish in relation to the new dental surgery and building works had been completed to a high standard of specification. 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 the new surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to the hand washing basin. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available.

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.

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.

We observed that clinical waste bins in the new surgery was 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.

Staff told us the new dental chair operates an independent bottled-water system which is subject to the same disinfection and maintenance regime as the other chairs in the practice. We confirmed that the dental unit water lines (DUWLs) were being appropriately audited and managed.

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 O'Doherty and Ms Campbell 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 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 O'Doherty and Ms Campbell and reinforced that it is the responsibility of the user of the sharp to safely dispose of it.

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 September 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 an occupational health (OH) department. Ms O'Doherty and Ms Campbell told us that in the future all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to 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 November 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.



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 for the washer disinfectors. The steam steriliser's logs were being taken from the machine data loggers weekly. We advised, in keeping with best practice, these logs should be documented daily. Ms O'Doherty and Ms Campbell submitted evidence after the inspection this advice had been implemented.

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

## **6.5 Radiology and radiation safety**

We reviewed the arrangements in relation to radiology and radiation safety for the new surgery. We confirmed that the new surgery was equipped with an intra-oral x-ray machine.

We confirmed that Ms Campbell is the radiation protection supervisor (RPS) for the practice. Discussion with Ms Campbell 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 Campbell regularly reviews the information contained within the file to ensure that it is current.

Ms Campbell was advised, in line with best practice, that all staff were required to read and sign the updated local rules. Evidence was submitted post inspection validating this had been actioned.

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 November 2020 for the intra oral x-ray machine installed in the new surgery, 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, demonstrated that the recommendations made had been addressed.

The new intra-oral x-ray machine is under manufacturer's warranty and Ms Campbell confirmed that it 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**

We identified no areas for improvement regarding radiology and radiation safety.

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

## **6.6 Environment**

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

- Legionella and Fire Risk Assessments;
- Mechanical & Electrical design installation and commissioning documentation;
- Fire detection and alarm system;
- Emergency lighting installation; and
- Portable fire-fighting equipment

The fixed electrical installation certificate was not available for review. Ms Campbell advised us the electrician is aware this is required and she will submit it to RQIA when it becomes available.

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

We spoke with staff who demonstrated their knowledge and awareness of fire safety, and the measures required for the control of legionella bacteria within the premises.

As previously discussed, we found the premises to have been completed to a very high standard throughout and confirmed arrangements were in place for routine premises management and upkeep as well as for timely breakdown/repair maintenance.

### Areas for improvement: Environment

We identified no areas for improvement regarding the environment.

	Regulations	Standards
Areas for improvement	0	0

### 6.7 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 Ms O'Doherty and Ms Campbell were in day to day charge of the practice, therefore the unannounced quality monitoring visits by the registered provider were not applicable.

### 6.8 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 O'Doherty and Ms Campbell told us that equality data collected was managed in line with best practice.

### 6.9 Patient and staff views

The practice distributed questionnaires to patients on our behalf and five patients submitted responses to RQIA. We found all patients 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.

As discussed in Section 5.0, we invited staff to complete an electronic questionnaire. No completed staff questionnaires were submitted to us prior to the inspection. During the inspection we spoke with members of the dental surgery team who provided very positive verbal feedback in relation to both working in the practice and the dental care provided to patients. All staff were highly complementary in relation to the additional support and guidance provided by Downshire Dental in response to the COVID-19 pandemic.

### 6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.11 Conclusion

The variation to the registration in regards to the increase in dental chairs from two to three was approved, by the care inspector, following this inspection.

### 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.



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