The Regulation and Quality Improvement Authority

Inspection Report

10 September 2021

Elite Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 246 - 248 Ravenhill Road, Belfast BT6 8GJ
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/, The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: Dr Lida Fartash	**Registered Manager:** Dr Lida Fartash **Date registered:** 6 March 2021
Person in charge at the time of inspection: Dr Lida Fartash	**Number of registered places:** Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: Elite Dental 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 four registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 September 2021 from 9.25 am to 1.30pm and an announced follow up inspection was undertaken on 20 September 2021 from 12.00 pm to 1.20 pm.

The purpose of the inspections was to assess compliance with the legislation and minimum standards following information received by the Health and Social Care Board (HSCB) and RQIA with regards to Elite Dental. The inspections were undertaken jointly by RQIA and a dental advisor from HSCB. A further announced inspection was undertaken to Dr Fartash's health service practice, Elite Dental@ Arches, which is not required to be registered with RQIA, by the HSCB dental advisor, accompanied by the RQIA inspector.

The focus of the joint inspections was to examine the information received regarding alleged concerns raised in respect of adherence to best practice guidance in relation to infection prevention and control (IPC); COVID-19 and radiology and radiation safety.

During the inspection there was some evidence of good practice in relation to the areas examined, however it was identified that some of the areas required immediate improvement. These were discussed with Dr Fartash at the conclusion of the inspection.

During the inspection we met with Dr Fartash, Registered Person; a dentist; the dental hygienist and two dental nurses. A tour of some areas of the premises was also undertaken.

Dr Fartash engaged with both RQIA and the HSCB throughout the inspection and subsequent follow up inspections. She provided all information that was requested in a timely manner. Dr Fartash implemented all areas for improvement identified and advice given before the follow up visit 20 September 2021.

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

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice?

As this commenced as an unannounced inspection posters to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire were not issued.

We spoke to a number of staff on the day of inspection and no issues were raised in respect of patient care. All staff spoken with felt patient care was safe, effective and that patients were treated with compassion. Staff also felt the service was well led and were complimentary with regards to Dr Fartash's management of the service and staff.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Elite Dental was undertaken on 29 January 2021; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice. There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and in the main reflected legislative and best practice guidance. Dr Fartash told us there was a nominated lead that had responsibility for IPC and decontamination in the practice. The lead had undertaken IPC and decontamination training in line with their CPD. The training certificates were not available for review on the day of inspection, however, evidence of the retention of the necessary training certificates was provided during the follow up inspection 20 September 2021.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided. The advice given in respect of the donning and doffing arrangements for Aerosol Generating Procedures (AGPs) is further discussed in section 5.2.3.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; waste and sharps management; and the decontamination of reusable dental instruments. These audits were not available for review on the first day of inspection. This information was requested and made available for review during the follow up inspection on 20 September 2021. The audits reviewed evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. The training records in respect of IPC were not available on the first day of inspection. These were reviewed during the follow up visit 20 September 2021 and evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.2 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements reviewed demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.3 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the HSCB operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. Dr Fartash is the identified COIVD-19 lead and it is her responsibility to ensure arrangements are in place to regularly review COVID-19 advisory information, guidance and alerts.

There were COVID-19 policies and procedures in place and a review of records evidenced that some appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed. A risk assessment regarding fallow times in the four surgeries, in respect of AGPs, was not made available for review on the first day of inspection. The current HSCB operational guidance stipulates that practices must complete a risk assessment specific to each surgery prior to implementing a reduced fallow time. Dr Fartash provided evidence during the follow up inspection on 20 September 2021 that these risk assessments had been undertaken with the installation of air cleaning equipment in each surgery. Evidence was also reviewed to ensure that the air cleaners were being serviced and maintained in line with the HSCB operational guidance.

A higher level of PPE is required when dental treatment using AGPs are undertaken including the use of FFP3 masks and disposable gowns. It was observed on inspection that reusable gowns were being used for AGPs. This was discussed with Dr Fartash as the current HSCB operational guidance stipulates disposable gowns should be used as far as possible and reusable gowns may be used if a sustainable supply of disposable gowns is not available. If reusable gowns are being used a system of audit is required to be in place and available for review. It was observed records and an audit system concerning the number of uses of the reusable gowns, as per the manufacturer's instructions, was not being retained. Dr Fartash has subsequently addressed this and the reusable gowns are no longer in use. It was agreed the reusable gowns may be retained for times when a sustainable supply of disposable gowns is not available. Dr Fartash has also agreed to implement an audit system, if the gowns are in use, to ensure governance and adherence to the manufacturer's instructions in respect of the number of uses.

An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer and is an essential component of Respiratory Protective Equipment (RPE) for AGPs. 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 members of the dental team had been fit tested for FFP3 masks.

On inspection it was noted the reusable FFP3 masks were not being stored correctly in keeping with best practice IPC guidance. Reusable FFP3 masks should be stored within a wipeable container and end to end monthly fit testing records are required to be maintained. Records of these audits are required to be made available for inspection. This was discussed with Dr Fartash during inspection as the audit of fit testing records was not being effectively retained. Dr Fartash was advised via email on 13 September 2021 that an audit system is required to be implemented immediately and storage of the reusable FFP3 masks required to be reviewed. Evidence was provided during the follow up inspection on 20 September 2021 that this had been addressed and Dr Fartash has since strengthened her governance and oversight surrounding these arrangements.

It was observed that one of the RPE reusable masks had the filters exposed due to the nature of the manufacturers' design. As the filters were exposed the mask could not be effectively decontaminated between uses and this is not in keeping with best practice IPC guidance. This was discussed with Dr Fartash and email evidence was received, on 28 September 2021, stipulating the mask was no longer in use and an alternative had been sought in line with RPE, IPC and the HSCB operational guidance.

When undertaking an AGP staff and patients must be aware the procedure is being undertaken. The dental team had illuminated a red light over the surgery door to advise an AGP is in progress. This red light pertains to radiology and radiation safety and should not be used in this manner. Advice was given to Dr Fartash to no longer use the red light in this regard. It was evidenced during the follow up inspection that this practice was no longer in place and new signage had been created to alert staff and patients of an AGP in progress.

The donning and doffing arrangement in respect of AGP's and PPE was discussed with Dr Fartash. The arrangements observed on the day of inspection were not in line with current guidance and best practice. It was requested this was reviewed and evidence was provided during the follow up inspection that new procedures had been implemented that were in line with the HSCB operational guidance.

As it had been identified that not all members of the dental team were following the current guidance in respect of retaining records for reusable RPE equipment; donning and doffing of PPE; and records for the usage for reusable gowns. Dr Fartash was advised to hold a practice meeting to update training and knowledge in this respect. Records reviewed during the follow up inspection evidenced that Dr Fartash had addressed this and had held a meeting with all members of the dental team on 15 September 2021. The minutes of the meeting evidenced roles and responsibilities regarding COVID-19 and the HSC operational guidance had been reemphasised to the dental team and training had been updated.

Through discussion and review of the evidence COIVD-19 arrangements have been strengthened and the procedures now in place are robust.

5.2.4 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

The equipment inventory evidenced that the practice has four surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) and an orthopan tomogram (OPG) machine, which is located in a separate room. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

A copy of the local rules was on display near each x-ray machine; however the local rules were observed to be out of date and pertained to the previous quality assurance visit. Dr Fartash was asked to address this and it was evidenced during the follow up inspection that up to date copies of the local rules were now in place and appropriate staff had signed to confirm that they had read and understood these.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. One file included information concerning the intra-oral x-ray machines and the second file included information concerning the CBCT/OPG. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection files to ensure that they are accurate and up to date.

A review of the file pertaining to the intra-oral x-ray equipment confirmed that the employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

A new intra-oral x-ray machine had been installed in surgery three in Nov 2020 and the machine had undergone a critical examination and acceptance test in April 2021. Dr Fartash provided assurances that the new machine in surgery three had not been used until the required critical examination and acceptance test had been undertaken.

The most recent report generated by the RPA in April 2021 for the intra- oral x-ray machines evidenced that the equipment had been examined however the RPA recommendations were found not to have been actioned. This was discussed with Dr Fartash and advice was given that this needed to be addressed as a matter of urgency. Dr Fartash provided evidence during the follow up inspection that all points contained within the RPA action plan had been addressed.

The radiation file pertaining to the CBCT/OPG machine was not available for review on the first inspection day. This was requested for review and the file was made available during the follow up inspection. The most recent report generated by the RPA in August 2019 for the CBCT/OPG evidenced that the equipment had been examined and any recommendations made had been actioned.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

As RPS Dr Fartash has strengthened her governance and oversight of radiology and radiation safety it was evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.5 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

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 2.0 Dr Fartash also has a health service practice. This was discussed with Dr Fartash and she stated she was in day to day management of this practice. Therefore the unannounced quality monitoring visits by the registered provider are not applicable.

6.0 Conclusion

As discussed, throughout the report issues were identified in respect of adherence to best practice guidance in relation to IPC, COVID-19 and radiology and radiation safety. Based on the inspection findings, evidence reviewed and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspections were discussed with Dr Lida Fartash, Registered Person, as part of the inspection process and can be found in the main body of the report.

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