

# Announced Care Inspection Report

## 25 February 2021



## Church Place Dental

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

**Address: 21 Church Place, Lurgan BT66 6EY**

**Tel No: 028 3832 5979**

**Inspector: Winnie Maguire**

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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 practice was initially registered with the Regulation and Quality Improvement Authority (RQIA) as a limited company on 6 March 2012 and operated under the name of Gary McCleary & Co Ltd Dental Practice. The practice was sold to Mr Michael O'Neill during December 2019 and operated under the name Gary McCleary and Associates with Mr O'Neill as the sole provider. Since the previous inspection Mr Michael O'Neill submitted a variation of registration application to RQIA to change the name of the practice from Gary McCleary and Associates to Church Place Dental. The variation was approved on 15 June 2020.

Church Place Dental is a registered dental practice with four registered places providing general dental services private and National Health Service treatment without sedation.

## 3.0 Service details

<b>Organisation/Registered provider:</b> Mr Michael O'Neill	<b>Registered manager:</b> Mr Michael O'Neill
<b>Person in charge at the time of inspection:</b> Mr Michael O'Neill	<b>Date manager registered:</b> 4 March 2020
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Four

## 4.0 Inspection summary

We undertook an announced inspection on 25 February 2021 from 10:00 to 12:30 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 some areas of the premises, met with Mr Michael O'Neill, Registered Person, 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 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 O'Neill and the practice manager, 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 23 January 2020

The most recent inspection of Church Place Dental was an announced pre-registration 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 23 January 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (4) (c) (d)  <b>Stated:</b> First time	The applicant registered person shall ensure that all staff attend fire safety awareness training annually.	Met
	<b>Action taken as confirmed during the inspection:</b> We confirmed that Mr O'Neill had undertaken fire warden training in February 2021 and he confirmed it was his intention to cascade fire safety training to staff. We were informed that a fire drill had taken place as part of the staff meeting in August 2020. We found a short written reference to the fire drill in the staff minutes. We provided advice on establishing a more detailed fire drill record.  We advised all staff undertake fire safety awareness training as a priority and that this	

	<p>may be an online course.</p> <p>Following the inspection RQIA received electronic copies of fire safety awareness training certificates for all staff dated 26 or 27 February 2021. We also received a detailed record of a fire drill held on 1 March 2021.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1</p> <p><b>Stated:</b> First time</p>	<p>The applicant registered person shall ensure that the statement of purpose (SOP) is further developed in accordance with the Minimum Standards for Dental Care and Treatment (2011).</p> <p><b>Action taken as confirmed during the inspection:</b> We confirmed the statement of purpose (SOP) had been further developed in accordance with the Minimum Standards for Dental Care and Treatment (2011).</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>The applicant registered person shall further develop the safeguarding of adults and children policies to reflect regional policies and best practice guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> We confirmed that the safeguarding of adults and children policies had been further developed however they still did not fully reflect regional policies and best practice guidance. We provided advice on further amendments. Following the inspection updated safeguarding of adults and children policies were submitted to RQIA. We found that they now reflected regional policies and best practice guidance.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11.5</p> <p><b>Stated:</b> First time</p>	<p>The applicant registered person shall further develop the whistle blowing/raising concerns policy in accordance with legislative and best practice guidance.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> We confirmed that the whistle blowing/raising concerns policy had been further developed in accordance with legislation and best practice guidance.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 14.7 <b>Stated:</b> First time</p>	<p>The applicant registered person shall develop an incident management policy in accordance with legislation and best practice guidance.</p>	<p>Met</p>
	<p><b>Action taken as confirmed during the inspection:</b> We confirmed that an incident management policy in accordance with legislation and best practice guidance had been developed and we provided advice on minor amendments which Mr O’Neill was receptive to.</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; and
- 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. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report.

The findings of the inspection were provided to Mr O’Neill 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 with Mr O’Neill and the practice manager, 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
<b>Areas for improvement</b>	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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available with the exception of oropharyngeal airways sizes 0 to 4 which had exceeded their expiry dates. Following inspection RQIA received an electronic confirmation invoice which verified that the airways had been ordered.

We noted a 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 advised that all emergency equipment and their expiry dates are listed on the monthly checklists to strengthened the monitoring system.

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 9 and 10 February 2021. 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
<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 the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that the areas reviewed 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.

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. The practice manager 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 noted that a new member of clinical staff had been recruited during 2020. We reviewed the personnel records of this member of staff and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had either been generated by the staff member's GP or by an occupational health department. Mr O'Neill and the practice manager confirmed that they were aware all newly recruited clinical staff members, who were new to dentistry, should be automatically referred to occupational health.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<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 undertaken on 1 September 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 disinfector, a DAC Universal and three steam sterilisers, had been provided to meet the requirements of the practice. We found that the DAC Universal was out of order however arrangements had been made for its repair. We noted that there were rust patches on the outer casing of one of the steam sterilisers. Following the inspection we received confirmation that arrangements had been made to have the steam steriliser repainted. 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
<b>Areas for improvement</b>	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 O’Neill was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

**6.6 Nitrous oxide risk assessment**

Nitrous Oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures, or the treatment of particular individuals. On 6 September 2017 the Northern Ireland Adverse Incident Centre (NIAIC) issued an alert about the risks associated with nitrous oxide waste gases. This alert included specific actions to be taken by practices offering inhalational sedation.

On 3 February 2021 the Public Health Agency in conjunction with the HSCB issued a reminder of best practice guidance with regard to the NIAIC alert issued on 6 September 2017.

We discussed the NIAIC alert with Mr O’Neill who told us that inhalation sedation is not offered in Church Place Dental and that should they offer inhalation sedation in the future they will adhere to best practice guidance as specified in the NIAIC alert.

## 6.7 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 O'Neill and the practice manager told us that equality data collected was managed in line with best practice.

## 6.8 Patient and staff views

The practice distributed questionnaires to patients on our behalf and two patients submitted responses to RQIA. We found both patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. Both patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- "Great dental care treatment second to none. Very progressive and up to date."
- "I feel I wouldn't get a better service at any other practice. Very informative staff, professional at all times. Clean and hygienic areas."

We found seven staff submitted questionnaire responses to RQIA. We found six of these staff felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Six staff indicated that they were very satisfied with each of these areas of patient care. One member of staff indicated that they were very dissatisfied; however, there were no comments associated with their dissatisfaction.

Comments included in submitted questionnaire responses are as follows:

- "I am very happy with the professional management and service provided here."
- "A great practice to work in especially at these difficult times."

The above questionnaire responses were discussed with Mr O'Neill who welcomed the positive comments and agreed to follow up with staff to ensure that they continue to feel supported and encouraged to share their views with the management.

## 6.9 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



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