Announced Care Inspection Report
1 March 2021

Gentle Dentistry Omagh

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 6 New Brighton Terrace, Kevlin Road, Omagh BT78 1LL
Tel No: 028 8224 2218
Inspector: Stephen O'Connor

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

Gentle Dentistry Omagh 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 three registered dental surgeries and provides general dental services, private and National Health Care (NHS) treatment without sedation.

3.0 Service details

Organisation/Registered Provider: Mr Marcus Monaghan	**Registered Manager:** Mr Marcus Monaghan
Person in charge at the time of inspection: Practice manager	**Date manager registered:** 16 September 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Inspection summary

We undertook an announced inspection on 1 March 2021 from 10:00 to 11:40. On arrival it became apparent that the practice had not received the notification of inspection email and were not expecting an inspection. On discussion we identified that Mr Monaghan had changed his email address and therefore had not received the notification email. On the day of inspection the practice manager and a dental nurse were on duty. Even though the staff on duty had not been aware that an inspection had been scheduled they were able to facilitate the inspection.

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.

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.

One area for improvement was made against the standards in relation to undertaking regulation 26 unannounced visits.

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

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	**0**	**1**

Details of the quality improvement plan (QIP) were discussed with the practice manager, as part of the inspection process and shared with Mr Monaghan by email following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 February 2019

The most recent inspection of the Gentle Dentistry Omagh 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 15 February 2019

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**
Area for improvement 1 **Ref**: Regulation 15 (6) **Stated:** First time	The registered person shall ensure that Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF.	**Met**
	Action taken as confirmed during the inspection: We observed that the Buccolam available was not in keeping with HSCB recommendations. This was brought to the attention of staff and Mr Monaghan following the inspection by email. On 15 March 2021 Mr Monaghan submitted evidence by email to confirm that sufficient stock of Buccolam had been received.	

Area for improvement 2 **Ref:** Regulation 15 (1) (b) **Stated:** First time	The registered person shall ensure that all recommendations made by the RPA are addressed and evidence retained of the action taken.	**Met**
	Action taken as confirmed during the inspection: We reviewed the most recent report produced by the radiation protection advisor (RPA) dated 23 March 2018 and noted that all actions listed in the report have been signed by dated by Mr Monaghan to confirm they have been actioned. We were informed that the RPA is scheduled to visit the practice on 29 March 2021 to undertake the three yearly quality assurance and acceptance tests.	

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; and
- the returned QIP from the previous care inspection.

We attached posters to the notification email inviting patients and staff to complete an electronic questionnaire. These posters should be displayed by the practice. However, as discussed in section 4.0 above the practice did not receive the notification email and attached posters. Therefore we did not receive any completed patients or staff questionnaires.

We undertook a tour of the premises, met with the practice manager and a dental nurse, and reviewed relevant records and documents in relation to the day to day operation of the practice.

The findings of the inspection were provided to the practice manager at the conclusion of the inspection and emailed to Mr Monaghan following 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 staff 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 per 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. As discussed in section 4.3 above, an issue was identified with the stock of Buccolam, however, this was addressed following the inspection. 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 during October 2019. Medical emergency refresher training has been scheduled for 25 March 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 further 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 new 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 were told that only two of the dental surgeries are in routine use, the third dental surgery is being used to store items.

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 told 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 August 2020. We confirmed the identified staff member had been referred to occupational health. The practice manager confirmed that records were retained to evidence the Hepatitis B vaccination status of all clinical staff and that in the future all newly recruited clinical staff members, who were new to dentistry, would 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.

	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.

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 identified areas of good practice. We noted that the IPS was slightly overdue, the practice manager was aware that the IPS audit should be completed every six months and confirmed that it would be prioritised.

We found that appropriate equipment, including a washer disinfector 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 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 discussed the arrangements for the annual validation of equipment used in the decontamination process with the practice manager. We were informed that due to the impact of COVID-19 annual validations had not yet been undertaken. Mr Monaghan confirmed by

email following the inspection that the validation of the decontamination equipment had been arranged for 31 March 2021.

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 further 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.

The practice manager told us that Mr Monaghan ceased clinical work in the practice during August 2020 and that since October 2020 he has visited the practice at least weekly. Therefore as Mr Monaghan is no longer in day to day charge of the practice regulation 26 unannounced quality monitoring visits apply. Following the inspection, guidance was issued to Mr Monaghan by email concerning regulation 26 unannounced quality monitoring visits. An area for improvement against the standards has been made.

Areas for improvement: Visits by the Registered Provider (Regulation 26)

Six monthly unannounced visits by the Responsible Individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be carried out. Written reports of the unannounced visits should be available for inspection.

	Regulations	Standards
Areas for improvement	**0**	**1**

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 the practice manager who told us that inhalation sedation is not offered in Gentle Dentistry Omagh 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. Staff told us that equality data collected was managed in line with best practice.

6.8 Patient and staff views

We attached posters to the notification email, these posters should be displayed by the practice. The posters invite patients and staff to complete an electronic questionnaire. However, as discussed in section 4.0 above the practice did not receive the notification email with posters attached. Therefore we did not receive any completed patients or staff questionnaires.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

7.0 Quality improvement plan

We identified an area for improvement as detailed in the QIP. We discussed the details of the QIP with the practice managress, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the Registered Person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The Registered Provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 26 April 2021	The Responsible Individual shall ensure that six monthly unannounced visits by the Responsible Individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. Written reports of the unannounced visits should be available for inspection. Ref: 6.5
	Response by registered person detailing the actions taken: I UNDERTAKE TO COMPLETE AN UNANNOUNCED VISIT TO GENTLE DENTISTRY,6 NEW BRIGHTON TERRACE OMAGH AT SOME TIME OVER THE NEXT 4 WEEKS. MARIUS MONAGHAN

Please ensure this document is completed in full and returned via Web Portal

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