# Announced Care Inspection Report
# 19 February 2021

# Hillsborough Dental Practice

**Type of Service: Independent Hospital (IH) – Dental Treatment**
**Address: 22 Lisburn Street, Hillsborough BT26 6AB**
**Tel No: 028 9268 8388**
**Inspector: Norma Munn**

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

Hillsborough Dental Practice 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 one registered dental surgery and provides general dental services.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Hillsborough Dental Practice Ltd<br><br>**Responsible Individual:**<br>Mr Kevin McKelvey | **Registered Manager:**<br>Mr Kevin McKelvey |
| **Person in charge at the time of inspection:**<br>Mr Kevin McKelvey | **Date manager registered:**<br>17 May 2012 |
| **Categories of care:**<br>Independent Hospital (IH) – Dental Treatment | **Number of registered places:**<br>One |

## 4.0 Inspection summary

We undertook an announced inspection on 19 February 2021 from 12:50 to 14:45 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 found, in general, 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 |
|---|---|---|
| **Areas for improvement** | **0** | **0** |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Kevin McKelvey, Responsible Individual, 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 6 August 2019

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

## 4.3 Review of areas for improvement from the last care inspection dated 6 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.

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were returned to RQIA.

We undertook a tour of the premises and met with Mr McKelvey. We reviewed relevant records and documents in relation to the day to day operation of the practice.

The findings of the inspection were provided to Mr McKelvey 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 McKelvey, and application of the Health and Social Care Board (HSCB) operational guidance. We were informed that COVID-19 policies and procedures were in place in keeping with best practice guidance. We advised Mr McKelvey to review the procedure in relation to fallow times following an aerosol generated procedure (AGP) to ensure they were in line with the HSCB

operational guidance. We received confirmation following the inspection from Mr McKelvey that the practice had increased the fallow times in accordance with HSBC 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 further 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 was available.

We observed that the Buccolam pre filled syringes provided had exceeded their expiry dates. We advised that these should be replaced with immediate effect. Following the inspection we received evidence that replacement Buccolam pre filled syringes had been provided and were within their expiry dates.

We discussed the system in place to ensure that emergency medicines and equipment do not exceed their expiry date with Mr McKelvey and advised that this system should be reviewed to ensure that medicines provided do not exceed their expiry dates. Following the inspection we confirmed with Mr McKelvey that this had been addressed and a more robust system was in place.

Mr McKelvey told us the management of medical emergencies was included in the staff induction programme. Mr McKelvey told us that staff last completed medical emergency refresher training during 2019. 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. We advised that medical emergencies training should be undertaken on an annual basis in keeping with best practice guidance. Mr McKelvey told us that due to the

impact of the COVID-19 pandemic the practice had been unable to access medical emergencies training for staff. We were informed during the inspection that this training will be delivered to staff as soon as it becomes available from a training organisation. Following the inspection Mr McKelvey informed us that medical emergency training had been booked to take place on 30 April 2021. Mr McKelvey further advised that all staff will undertake in-house medical emergencies refresher training in the interim period.

Mr McKelvey informed us that the staff have a good understanding of the actions to be taken in the event of a medical emergency and are able to identify the location of medical emergency medicines and equipment.

**Areas of good practice: Management of medical emergencies**

We reviewed the arrangements in respect of the management of a medical emergency and we were satisfied that sufficient emergency medicines and equipment was in place.

**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 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.

Some issues were identified in relation to infection prevention and control and were discussed with Mr McKelvey during the inspection. Further advice was provided and Mr Mckelvey agreed to address these issues following the inspection.

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.

Mr McKelvey told us that the outcome of the audit would be discussed with staff and should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit is completed every six months. We advised Mr McKelvey to ensure that each time the audit is undertaken that the audit documentation is fully completed as opposed to signing the previous audit undertaken. Mr McKelvey agreed to address this issue.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities.

We confirmed that records were retained to evidence the Hepatitis B vaccination status of clinical staff. Mr McKelvey was aware that 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 further 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.

Mr McKelvey advised that staff had received training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

We confirmed that 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 found that appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser 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 with the exception of the DAC Universal. However, following the inspection Mr McKelvey advised that the DAC Universal was not operational and should it become operational he will ensure that periodic checks are being completed in keeping with best practice.

Mr McKelvey told us that 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 Mr McKelvey 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.

Mr McKelvey told us that inhalation sedation is not offered in Hillsborough Dental Practice.

## 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 McKelvey told us that equality data collected was managed in line with best practice.

## 6.8 Patient and staff views

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were returned to RQIA.

## 6.9 Total number of areas for improvement

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | **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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