

Inspection Report

15 July 2022



The Dental Centre Belfast

Type of service: Independent Hospital (IH) – Dental Treatment
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Assurance, Challenge and Improvement in Health and Social Care

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: J.O.E. Hudson Limited	Registered Manager: Mr Jack Hudson
Responsible Individual: Mr Jack Hudson	Date registered: 12 August 2020
Person in charge at the time of inspection: The practice manager	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: The Dental Centre Belfast 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 two registered dental surgeries and provides general dental services, private and health service (HSC) treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an unannounced inspection, undertaken by a care inspector on 15 July 2022 from 10.15 am to 1.00 pm.

This inspection was undertaken following receipt of information shared with RQIA from an anonymous source. The information received alleged issues in relation to infection prevention and control practises and the decontamination of reusable dental instruments. The focus of this inspection was to review the infection prevention and control arrangements and the management of the decontamination of reusable dental instruments.

It is not within the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

Mr Jack Hudson, Responsible Individual, was not present on the day of the inspection. The inspector spoke with the practice manager, a dental nurse and briefly to one of the dentists. A tour of some areas of the premises was also undertaken.

During the inspection issues were identified in relation to infection prevention and control practises and the arrangements for the decontamination of reusable dental instruments that are required to be addressed and as a result one area for improvement against the regulations and four areas for improvement against the standards have been made.

As discussed in section 1.0 the practice has two dental surgeries registered with RQIA. A variation to registration application had been submitted to RQIA prior to the previous inspection to increase the number of dental surgeries from two to four. This variation to registration application had been granted from a care perspective however, separate approval had not been confirmed by the RQIA estates team. During this inspection the practice manager informed the inspector that the practice had been providing private dental care and treatment in the two additional dental surgeries associated with the variation to registration application. The practice manager was advised that the two additional dental surgeries associated with the variation to registration application were not to be used for private dental care and treatment until full approval has been granted by RQIA.

The findings of this inspection were discussed with the practice manager during the inspection and with Mr Hudson via telephone following the inspection. Mr Hudson and the practice manager were advised that RQIA would be undertaking a follow up inspection to assess the progress made with the issues identified to ensure compliance with the legislation and minimum standards.

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 The inspection

4.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 December 2021 and 13 January 2022		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 8.3 Stated: First time	The responsible individual shall provide RQIA with a copy of the RPA's critical examination and acceptance test report in respect of the x-ray equipment in the second new dental surgery upon return of the QIP.	Met
	Action taken as confirmed during the inspection: Following the previous inspection a copy of the critical examination and acceptance test report in respect of the x-ray equipment in the second new dental surgery was submitted to RQIA therefore this area for improvement has been addressed.	

4.2 Inspection findings

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

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

It was confirmed that IPC policies and associated procedures were in place. One member of the dental team was observed to be wearing nail polish which is not in keeping with best hand hygiene practice. This was discussed and the practice manager was advised to carry out hand hygiene audits on a regular basis to ensure that the dental team are adhering to IPC policies and procedures and best practice guidance.

The practice manager confirmed that an appointed person responsible for IPC and decontamination in the practice had not yet been identified. The practice manager was advised to ensure that there is a nominated person responsible for IPC and decontamination who has IPC and decontamination training in line with their continuing professional development.

The areas of the practice observed were generally clean and tidy. However, a number of issues were identified which were not in keeping with best practice in relation to infection prevention and control and an area for improvement against the standards has been made. The issues are as follows:

- declutter the decontamination room floor to ensure effective cleaning can take place
- provide waste receptacles in accordance with best practice guidance
- display laminated hand hygiene posters at each of the hand washing basins
- provide disposable hand towels for patient and staff use in the identified toilet
- install wall mounted disposable hand towel dispensers in keeping with best practice guidance
- ensure new unused sharps containers are stored in a clean area away from clinical waste

The practice manager advised that cleaning schedules had not yet been developed and cleaning records had not been completed. This was discussed and the practice manager was advised to develop cleaning schedules to include the arrangements for all areas of the practice; state the frequency of cleaning; identify who is responsible and ensure that cleaning records are maintained for all areas within the practice. An area for improvement against the standards has been made.

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.

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 these audits 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; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. The IPS audit should be completed on a six monthly basis and, where applicable, an action plan generated to address any improvements required. The most recent IPS audit was completed during December 2021 and this did not identify any issues to be addressed. Given the issues identified in relation to IPC during this inspection the practice manager was advised to revisit the IPS audit to ensure it is completed in a meaningful manner to ensure IPC issues are identified and that appropriate action is taken. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. An area for improvement against the standards has been made in this regard.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. The practice manager confirmed that a system was in place to ensure that relevant members of the dental team have received this vaccination. The practice manager confirmed that vaccination history of staff is checked during the recruitment process and vaccination records are retained in personnel files.

It was identified that training records were not available for inspection to evidence that all staff had received training in respect of IPC commensurate with their roles and responsibilities. The practice manager was advised that all staff should undertake IPC training commensurate with their roles and responsibilities and that staff training records should be retained and available for inspection.

A discussion took place regarding the importance of ensuring staff training is embedded into practice. An area for improvement against the regulations has been made in this regard.

Addressing the areas for improvement as outlined will ensure that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

4.2.2 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.

The practice manager confirmed that there was a range of policies and procedures in place for the decontamination of reusable dental instruments.

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.

The practice manager confirmed that the equipment for cleaning and sterilising instruments had been inspected, validated, maintained and used in line with the best practice and manufacturers' guidance. However, records were not available to evidence that the washer disinfectant and the steriliser had been validated annually in keeping with best practice and there also was no evidence to confirm that the pressure vessels had been inspected in keeping with the written scheme of examination. Following the inspection RQIA received evidence by email that the washer disinfectant and steriliser had been appropriately validated. A copy of the evidence of pressure vessel testing was also submitted to RQIA by email however this document only referred to the compressor and not the steriliser which was installed during November 2020. RQIA have requested that the practice manager ensures that the pressure vessel testing in respect of the steriliser is undertaken and evidence submitted to RQIA when completed.

Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

The practice manager confirmed that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use. Several wrapped reusable dental instruments that had been sterilised were observed to be stored on the worktop and in containers on shelving in the decontamination room. However, expiry dates had not been recorded on the packaging of these instruments in keeping with best practice outlined in HTM 01-05. This was discussed with the practice manager who was advised to ensure that all reusable dental instruments are stored in keeping with best practice guidance at all times. An area for improvement against the standards has been made in this regard.

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. However given the issues identified in relation to the decontamination of reusable dental instruments the practice manager was advised to ensure that all staff receive refresher training in respect of decontamination commensurate with their roles and responsibilities and ensure that training records are retained and available for inspection.

Addressing the areas for improvement as outlined will ensure that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
Total number of Areas for Improvement	1	4

Areas for improvement and details of the QIP were discussed with the practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18(2) Stated: First time To be completed by: 15 August 2022	The responsible individual shall ensure that all staff receive appropriate infection prevention and control training to fulfil the duties of their role. Training records should also be retained. Ref: 4.2.1 Response by registered person detailing the actions taken: A staff meeting was held on 18/07/2022 to discuss the findings of the unannounced inspection by RQIA. The full team were in attendance excluding one dentist. The importance of adhering to the strict infection prevention control guidance was explained and reinforced by the management team and all nursing staff were registered on Isopharm CPD platform to carry out the appropriate training. Hand hygiene audits are to be carried out on a monthly basis in line with best practice guidance.

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2022</p>	<p>The responsible individual shall ensure that the issues identified in relation to infection prevention and control are addressed as follows:</p> <ul style="list-style-type: none"> • declutter the decontamination room floor to ensure effective cleaning can take place • provide waste receptacles in accordance with best practice guidance • display laminated hand hygiene posters at each of the hand washing basins • provide disposable hand towels for patient and staff use in the identified toilet • provide wall mounted disposable hand towel dispensers in keeping with best practice guidance • ensure new unused sharps containers are stored in a clean area away from clinical waste <p>Ref: 4.2.1</p> <p>Response by registered person detailing the actions taken: The decontamination room floor was fully decluttered and reorganised. Appropriate waste receptacles were ordered and installed immediately in line with best practice guidance. Laminated hand hygiene posters have been added adjacent to all hand washing basins. Disposable hand towels and dispensers were fitted in the identified toilet as well as surgeries in line with best practice guidance. A new dedicated cupboard is used to store unused sharps containers in a clean area.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2022</p>	<p>The responsible individual shall ensure that cleaning schedules are developed to include the arrangements for all areas of the practice; state the frequency of cleaning; identify who is responsible and ensure that cleaning records are maintained for all areas within the practice.</p> <p>Ref: 4.2.1</p> <p>Response by registered person detailing the actions taken: A full cleaning schedule for the practice has been developed and implemented that includes the frequency of cleaning and the person/persons responsible. There is a separate schedule for each surgery as well as xray room, decontamination room , staff and patient toilets, and general areas Surgery Checklists(Isopharm compliance logbookss) have also been implemented in all surgeries that comply with HTM 01-05 in line with best practice</p>

<p>Area for improvement 3</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2022</p>	<p>The responsible individual shall ensure that the infection prevention society (IPS) audit is revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.</p> <p>Ref: 4.2.1</p> <p>Response by registered person detailing the actions taken: A full IPS audit has been carried out and will be reviewed 6 monthly to identify any issues in relation to IPC. Any shortfalls identified were actioned immediately.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2022</p>	<p>The responsible individual shall ensure that all reusable dental instruments are appropriately stored following use and the expiry dates are recorded on the packaging in keeping with best practice guidance.</p> <p>Ref: 4.2.2</p> <p>Response by registered person detailing the actions taken: In the staff meeting dated 18/07/2022 the importance of storing instruments appropriately and stamping reusable instruments following processing was discussed. This is now audited on a weekly basis in both the decontamination room and dental surgeries.</p>

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