Announced Care Inspection Report
27 August 2020

Jordan Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 41-43 Holywood Road, Belfast BT4 3BA
Tel No: 028 9047 1266
Inspector: Carmel McKeegan

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 is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Mr David Jordan	**Registered Manager:** Mr David Jordan
Person in charge at the time of inspection: Mr David Jordan	**Date manager registered:** 22 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Action/enforcement taken following the most recent inspection dated 03 May 2019

The most recent inspection of Jordan Dental Care was an announced follow-up joint inspection in conjunction with the Health and Social Care Board (HSCB). The purpose of the inspection on 3 May 2019 was to examine the procedures in place for the safe use of controlled drugs in patients receiving dental care and treatment under conscious sedation at Jordan Dental Care. The inspection was also the 2019/20 routine annual inspection for this dental practice. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 03 May 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 38 (a) **Stated:** First time	The Registered Person shall ensure that advanced conscious sedation is not be provided in Jordan Dental Care until all members of the dental sedation team are specifically trained and experienced in the use of advanced sedation techniques. Records of training must be retained and available for inspection	**Met**
	Action taken as confirmed during the inspection: Mr Jordan and staff stated that advanced conscious sedation is no longer provided in Jordan Dental Care. We determined that this specific area for improvement was no longer applicable. Mr Jordan confirmed that treatment by conscious sedation continues to be provided using intravenous infusion (IV) sedation, only offered to persons over the age of 18 and inhalation sedation, known as relative analgesia, which can be offered to children. Mr Jordan told us that he and both Associate Dentists provide IV and RA sedation to patients attending the practice. We discussed with Mr Jordan the arrangements for ensuring all members of the dental sedation team have undertaken relevant conscious sedation training in respect of their roles and responsibilities. Mr Jordan stated that it had been several years since he and the two Associate Dentists had undertaken conscious sedation training. On further enquiry Mr Jordan stated that over the years in-house conscious sedation training had been provided to the Associate Dentists however training records had not been retained.	

	Mr Jordan told us that dental nurses involved in providing treatment by conscious sedation had completed conscious sedation training provided by Mr Jordan however training records had not been retained. An area for improvement has been made against the regulations to ensure that each staff member involved in providing treatment by conscious sedation has undertaken relevant training at regular intervals appropriate to their role and responsibilities in providing treatment using conscious sedation. A record of the training must be retained.	
Area for improvement 2 **Ref**: Regulation 15 (6) **Stated:** First time	The Registered Person shall ensure that a standard operating procedures (SOPs) on the management of controlled drugs are accessible to staff at all times and covers the following areas: • ordering, transport and receipt • safe storage • administration • disposal • record keeping • management of errors and incidents	**Met**
	Action taken as confirmed during the inspection: We reviewed the SOPs on the management of controlled drugs which was retained in the policy folder and was accessible to all staff. We found the SOPs included all the areas as outlined above. We reviewed the ordering, receipt, safe storage, administration and record keeping arrangements. We found there was a system of reconciliation of the controlled drugs which was undertaken on a daily basis. This record was dated and signed by two members of the clinical team.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 8.6 **Stated:** First time	The Registered Person shall develop an overarching policy for the use of Conscious Sedation in keeping with best practice guidelines as specified in 'Conscious Sedation In The Provision of Dental Care' (2003).	**Partially met**

	Action taken as confirmed during the inspection: We found that a policy for the use of Conscious Sedation had been developed. We reviewed this policy and determined the policy was in need of further development to fully reflect the 'Conscious Sedation In The Provision of Dental Care' (2003) document. We also determined that some areas stated within this policy were not being met, e.g. in relation to staff undertaking conscious sedation training and in relation to the completion of regular auditing on sedation compliance and record keeping. Following the inspection we provided written guidance to Mr Jordan to assist in the further development of this policy. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 **Ref**: Standard 8.6 **Stated:** First time	The Registered Person shall ensure that designated members of staff are given training on the standard operating procedures (SOPs) for the management of controlled drugs in Jordan Dental Care. Staff should be asked to read and sign the respective SOP to show that they have understood the procedures and a record should be retained in this regard. SOPs are working documents therefore a record should be retained to verify that the SOP on the management of controlled drugs is reviewed and updated on a regular basis.	**Met**
	Action taken as confirmed during the inspection: Mr Jordan and staff told us that the new standard operating procedures (SOPs) for the management of controlled drugs had been discussed with staff at a staff meeting and staff were provided in-house training in this regard. We reviewed a record which confirmed all clinical staff had confirmed they had read the SOPs and all relevant staff members had signed to confirm that they have understood the procedures.	

Area for improvement 4 **Ref**: Standard 8.6 **Stated:** First time	The Registered Person shall undertake a risk assessment to identify and manage any potential risk to patient safety associated with undertaking multiple conscious sedation cases at the same time.	**Met**
	Action taken as confirmed during the inspection: Mr Jordan stated that due to the restrictions placed on dental practices in light of COVID-19 there is only one dentist working in the practice at a time and therefore multiple conscious sedation cases could not take place at the same time.	
Area for improvement 5 **Ref**: Standard 13 **Stated:** First time **Area for improvement 6** **Ref**: Standard 14.4 **Stated:** First time	The Registered Person must ensure that items are not stored on the floor in clinical areas and that the identified dental chair and dental stool in surgery 3 are reupholstered to enable effective cleaning and prevention of infection. The Registered Person must ensure that all sharps containers are dated and signed upon assembly.	**Met**
	Action taken as confirmed during the inspection: We observed all three surgeries met with good infection control practice and no items were stored on the floor. We evidenced the dental chair and dental stool in surgery 3 had been reupholstered. We confirmed that the sharps containers in each surgery had been appropriately dated and signed on assembly.	
Area for improvement 7 **Ref**: Standard 13 **Stated:** First time	The Registered Person must ensure the decontamination room walls are repainted in order to provide an intact surface to facilitate effective cleaning and prevention of infection.	**Met**
	Action taken as confirmed during the inspection: We reviewed the decontamination room and evidenced that the walls had been repainted and were intact.	

5.0 Inspection summary

We undertook an announced inspection on 27 August 2020 from 14:30 to 16:15 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 the new premises, met with Mr David Jordan, Registered Person, and two dental nurses 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 practices' 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.

Two areas for improvement have been identified. One area for improvement made at the previous inspection in relation to the development of a Policy on the Use of Conscious Sedation was partially met and was stated for a second time. The second area for improvement was made against the regulations to ensure that each staff member involved in providing treatment under conscious sedation has undertaken relevant conscious sedation training and refresher training appropriate to their role and responsibility in this regard.

The findings of the inspection were provided to Mr Jordan at the conclusion of the inspection.

5.1 Inspection outcome

Two areas for improvement were identified regarding the policy on use of conscious sedation and training of staff providing conscious sedation.

	Regulations	Standards
Areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr David Jordan, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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 and the application of the Health and Social Care Board (HSCB) operational guidance with Mr David Jordan. 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 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 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 on 14 February 2020. 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 should this occur.

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
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.

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 facemask 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 the 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. Mr Jordan and staff 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 confirmed that one new clinical staff member had commenced work since the previous inspection. We reviewed the personnel records regarding this staff member and confirmed that a record was retained to evidence their Hepatitis B vaccination status. We found this record had been generated by the occupational health (OH) department. Mr Jordan confirmed that all newly recruited clinical staff members, who were new to dentistry, would continue to be referred to occupational health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to infection prevention and control practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding infection prevention and control.

	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 discussed the position of the illuminated magnification light as it was positioned to facilitate inspection of dental instruments following the sterilisation stage rather than on completion of processing in the washer disinfector. We were assured the illuminated light would be repositioned as advised immediately after the inspection.

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.

We confirmed that 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 July 2020, and found that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved, as applicable.

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 line 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
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 Jordan was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.6 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 Jordan and staff confirmed that equality data collected was managed in line with best practice.

6.7 Patient and staff views

We were informed that in respect of enhanced prevention infection control guidance the practice did not distribute the RQIA questionnaires to patients on behalf of RQIA.

We found five staff submitted questionnaire responses to RQIA via the electronic questionnaire format. We found three staff felt patient care was safe; effective; that patients were treated with compassion; and that the service was well led. These three staff indicated that they were very satisfied with each of these areas of patient care. One staff member indicated they were very unsatisfied with each of these areas of patient care and one staff member did not respond to this part of the questionnaire.

The following comment was included in submitted questionnaire response:

- "Great team, great employer."

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

We identified areas for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with Mr Jordan, Registered Person, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 38 (a) **Stated:** First time **To be completed by:** 27 November 2020	The Registered Person shall ensure that staff members involved in providing treatment under conscious sedation have undertaken relevant conscious sedation training and refresher training appropriate to their role and responsibility in the provision of treatment by conscious sedation. A record of the training must be retained. Ref: 4.1
	Response by Registered Person detailing the actions taken: Sedation training to be derived online with some in house training. Any training will be documented

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.6 **Stated:** Second time **To be completed by:** 27 September 2020	The Registered Person shall develop an overarching policy for the use of Conscious Sedation in keeping with best practice guidelines as specified in 'Conscious Sedation In The Provision of Dental Care' (2003). Ref: 4.1
	Response by Registered Person detailing the actions taken: Previous/existing Conscious Sedation Policy which was deemed to be inadequate, will be revamped to address areas of insufficiency

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

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