Announced Care Inspection Report
12 November 2020

Kingsway Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 230 Kingsway, Dunmurry Belfast BT17 9AE
Tel No: 028 9030 1151
Inspector: Norma Munn

www.rqia.org.uk

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 is a registered dental practice with three registered places providing general dental services.

3.0 Service details

Organisation/Registered Person: Mr Robert Gilmer	**Registered Manager:** Ms Deborah Irvine
Person in charge at the time of inspection: Ms Deborah Irvine	**Date manager registered:** 16 February 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Inspection summary

We undertook an announced inspection on 12 November 2020 from 13:40 to 15:40 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, and met with Ms Irvine, Registered Manager; one associate dentist; one dental nurse; and one receptionist. We 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; the practices' adherence to best practice guidance in relation to COVID-19; and governance arrangements. We have identified one area for improvement in relation to the decontamination of dental handpieces.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	1

Details of the quality improvement plan (QIP) were discussed with Mr Irvine, Registered Manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 13 August 2019

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during that inspection.

4.3 Review of areas for improvement from the last care inspection dated 13 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.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire before the inspection. One completed patient questionnaire was returned and analysed prior to the inspection and is discussed in section 6.7 of this report.

The findings of the inspection were provided to Ms Irvine, Registered 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 Ms Irvine and 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 found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, we observed that emergency medicines were stored in a locked cupboard. On enquiry, staff confirmed that the cupboard was kept locked at all times and the key was retained nearby. The importance of ensuring that emergency medicines are readily available was discussed and we advised that the practice of storing these in a locked cupboard should cease. Ms Irvine agreed to address this issue with immediate effect.

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 were advised that all staff had received training in the management of medical emergencies during 2019. However, training records were not available to evidence this. Ms Irvine was advised to ensure that training records are maintained and available for inspection. Following the inspection Ms Irvine contacted us and gave assurances that records in relation to medical emergency training were now in place.

We were advised 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 this training will be delivered to staff on 19 November 2020. We were advised that this training will include first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These include; 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 some areas of the premises and noted that in the main the clinical and decontamination areas were clean, tidy and uncluttered. Some issues were identified in relation to IPC arrangements as follows:

- The area leading into the decontamination room should be decluttered and deep cleaned;
- The side panel of the worktop at the reception desk should be made good;
- The damaged flooring in one of the surgeries should be repaired;
- Signage and posters displayed should be laminated;
- The portable suction machine should be cleaned and covered to keep clean; and
- The wall mounted apron dispenser at the decontamination room should be cleaned and restocked with disposable aprons.

Following the inspection, we received evidence that the issues identified in relation to IPC had been addressed.

We confirmed that arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities. However, training records were not available to evidence this. As discussed above Ms Irvine was advised to ensure that training

records are maintained and available for inspection. Following the inspection Ms Irvine contacted us and gave assurances that records in relation to IPC training were now in place.

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. Ms Irvine 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 were informed that no new staff have commenced employment in the practice since the previous inspection. We confirmed that records were retained of staff employed in the practice to evidence Hepatitis B vaccination status. Ms Irvine told us 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, in general, 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. We advised Ms Irvine to adjust the door closure in the decontamination room to ensure that the door closes effectively.

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 October 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.

We found that appropriate equipment, including a washer disinfector 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.

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 decontamination procedures evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05 with the exception of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. On enquiry, staff were unsure whether the dental handpieces were compatible with the washer disinfector. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DoH. An area for improvement against the standards has been made in this regard.

Areas of good practice: Decontamination of reusable dental instruments

We found the current arrangements evidenced that, in general, 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

Dental handpieces should be decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.

	Regulations	Standards
Areas for improvement	0	1

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 Gilmer, Registered Person 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. Ms Irvine told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

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

We also invited staff to complete an electronic questionnaire before the inspection and no staff questionnaires were returned.

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

We identified one area for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with Ms Irvine, Registered Manager 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 area 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 13.4 **Stated:** First time **To be completed by:** 12 November 2020	The Registered Person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector. Ref: 6.4
	Response by Registered Person detailing the actions taken: I Deborah Irvine, can now confirm that all dental handpieces are now decontaminated using washer disinfector and our policy now reflects this amendment.

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

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