

# Announced Care and Variation to Registration Inspection Report 04 September 2020



## Maghera Dental Care

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 27 Church Street, Maghera, BT46 5EA**

**Tel No: 028 7964 3396**

**Inspectors: Elizabeth Colgan and Phil Cunningham**

[www.rqia.org.uk](http://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

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Maghera Dental Ltd  <b>Responsible Individual:</b> Mrs Jan Hamilton	<b>Registered Manager:</b> Mrs Jan Hamilton
<b>Person in charge at the time of inspection:</b> Mrs Jan Hamilton	<b>Date manager registered:</b> 12 September 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three increasing to four following the inspection

## 4.0 Action/enforcement taken following the most recent inspection dated 09 December 2019

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

## 4.1 Review of areas for improvement from the last care inspection dated 09 December 2019

There were no areas for improvement made as a result of the last care inspection. .

## 5.0 Inspection summary

We undertook a combined announced and variation to registration inspection on 04 September 2020 from 09:55 to 13:25 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).

A variation to registration application was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mrs Jan Hamilton, Responsible Individual. The application was to increase the number of registered dental chairs from three to five.

We employed a multidisciplinary inspection methodology during this inspection. Mr Phil Cunningham, RQIA senior estates inspector reviewed matters relating to the premises and additional information in this regard can be found in section 6.10 of this report.

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year and to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

We undertook a tour of some areas of the practice and the two new surgeries, met with Mrs Hamilton reviewed relevant records and documents in relation to the new surgeries and 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; the arrangements in relation to radiology and governance arrangements.

No immediate concerns were identified in relation to delivery of front line patient care.

A variation to registration application was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mrs Hamilton, Responsible Individual. The application was to increase the number of registered dental chairs from three to five. We found that only one of the new surgeries was fully equipped and commissioned, ready for use. The other was prepared from a building and engineering services perspective but was not equipped with a dental chair and other associated equipment. Mrs Hamilton stated that this second additional surgery will be equipped and commissioned at a future date and RQIA will be notified in advance in order that approval can be sought. Therefore the variation to registration application to increase the number of registered dental chairs by one from three to four was approved from a care and estates perspective following this inspection.

The findings of the inspection were provided to Mrs Hamilton at the conclusion of the inspection.

## 5.1 Inspection outcome

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hamilton as part of the inspection process and can be found in the main body of the report.

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 application of the Health and Social Care Board (HSCB) operational guidance with Mrs Hamilton. 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 was 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 March 2019. 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 has been arranged for 17 September 2020.

We found that the training in March 2019 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

**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 within the practice and the new surgeries and noted that the clinical and decontamination areas were clean, tidy and uncluttered.

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 face 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 the mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We reviewed the finish in relation to the new dental surgery. We noted that the flooring in the surgery was impervious and coved where it meets the walls; the surgery was tidy and uncluttered and work surfaces were intact and easy to clean. Cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices.

We observed that a dedicated hand washing basin was available in the surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to the hand wash basin. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available.

We observed that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. Mrs Hamilton told us that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

We observed that clinical waste bins in the surgery was foot operated in keeping with best practice guidance. We confirmed that appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste.

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 personal protective equipment; hand hygiene practice; and waste and sharps management.

Mrs Hamilton confirmed that IPS audits were completed in a meaningful manner and the outcome of the audit was discussed during regular staff meetings. Mrs Hamilton 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 reviewed personnel records and confirmed that that evidence of the Hepatitis B vaccination status of clinical staff had been retained. These records had either been generated by the staff member’s GP or by an occupational health department. Mrs Hamilton told us that all newly recruited clinical staff members, 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 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 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 September 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 disinfectant 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 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 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 Radiology and radiation safety**

**Radiology and radiation safety**

We reviewed the arrangements in relation to radiology and radiation safety in relation to the new surgery. We observed that the surgery approved for registration had an intra-oral x-ray machine.



We reviewed records that identified Mrs Hamilton as the radiation protection supervisor (RPS). Mrs Hamilton was aware of the most recent changes to the legislation surrounding radiology and radiation safety. We confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

We noted a dedicated radiation protection file containing all relevant information was in place. We confirmed that Mrs Hamilton regularly reviews the information contained within the file to ensure that it is current.

Following installation, x-ray producing equipment is subject to a critical examination and acceptance test in accordance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018. We noted that this was completed during August 2020 and confirmed that the critical examination report had been reviewed and endorsed by the RPA.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA, completed on 27 August 2020, demonstrated that the recommendations made had been addressed.

The new intra-oral x-ray machine is under manufacturer's warranty and Mrs Hamilton confirmed that it will be serviced and maintained in keeping with the manufacturer's instructions.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Review of records and discussion with Mrs Hamilton confirmed that all dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

### Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 6.6 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 Mrs Hamilton was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

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

## 6.8 Patient and staff views

The practice distributed questionnaires to patients on our behalf. No completed questionnaires were received.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 6.9 Additional areas examined

### Statement of purpose

We reviewed the statement of purpose and confirmed it was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The statement of purpose had been updated to reflect the change of the number of dental chairs.

### Patient guide

We reviewed the patient guide and confirmed it was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The patient guide had also been updated to reflect any changes.

### Policies and procedures

We found a range of policies and procedures were in place that had been localised to the practice. Policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures had been developed.

## 6.10 Environment

We carried out an estates inspection of the premises to assess the suitability of the two additional surgeries (ref variation application VA011455).

As discussed we found that only one of the new surgeries was fully equipped and commissioned, ready for use. The other was prepared from a building and engineering services perspective but was not equipped with a dental chair and other associated equipment. Mrs Hamilton stated that this second additional surgery will be equipped and commissioned at a future date and RQIA will be notified in advance in order that approval can be sought.

The works to the additional surgery was completed and finished to a high standard. A range of estates related documentation was inspected prior to the inspection and during the inspection. These included:

- fixed wiring installation certification;
- emergency lighting installation certification;
- fire alarm and detection system certification;
- electrical equipment testing certification;
- surgery ventilation commissioning documentation;and
- Local Authority Building Control completion certificate

The surgery ventilation commissioning documentation indicated that the newly installed extract systems in the surgeries were capable of achieving air change rates in excess of 15 air changes per hour. This satisfies recent guidance issued by the HSCB relating to fallow times for surgeries during the Covid-19 pandemic – ‘Preparation for the Re-establishment of the General Dental Services - Operational Guidance’.

Following the inspection on 16 September 2020, Mrs Hamilton submitted copies of the revised fire risk assessment report and the revised legionella risk assessment by e-mail. Both reports indicated that the risks were tolerable and low respectively.

We were satisfied that the additional surgeries were completed to a suitable standard from an estates perspective with one surgery ready for use at this point.

#### 6.11 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

#### 6.12 Conclusion

The variation to the registration in regard to the increase in dental chairs from three to four was approved following this inspection.

#### 7.0 Quality improvement plan

We identified no areas for improvement and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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