

# Unannounced Care Inspection Report

## 02 December 2020



## Clear Dental Duke Street Ballymena

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

**Address: 13-15 Duke Street, Ballymena, BT43 6BL**

**Tel No: 028 2563 9333**

**Inspector: Stephen O'Connor**

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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

Clear Dental Duke Street Ballymena 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 three registered dental surgeries and provides general dental services.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Clear Dental Care (NI) Limited  <b>Responsible Individual:</b> Mr Mark Tosh	<b>Registered Manager:</b> Mrs Lindsay Mearns
<b>Person in charge at the time of inspection:</b> Mrs Lindsay Mearns	<b>Date manager registered:</b> 17 December 2019
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

Clear Dental (NI) Limited is the Registered Provider for 13 dental practices registered with RQIA. Mr Mark Tosh is the Responsible Individual for Clear Dental (NI) Limited.

## 4.0 Inspection summary

We undertook an unannounced inspection on 4 December 2020 from 12:55 to 15:15 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).

Following receipt of information shared with RQIA on 23 November 2020, an unannounced inspection was undertaken to Clear Dental Duke Street Ballymena. The information received alleged issues in relation to infection prevention and control (IPC) and more specifically a breach of the Health and Social Care Board (HSCB) operational guidance regarding wearing the appropriate level of personal protective equipment (PPE) when undertaking aerosol generating procedures (AGPs). The purpose of this inspection was to focus on the themes for the 2020/21 inspection year and to review the issues raised with us. Additional information in this regard can be found in section 4.2 of this report.

We found evidence of good practice in relation to the management of medical emergencies; aspects of IPC; 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 Mrs Mearns, Registered Manager, 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 17 December 2019

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

As discussed in section 4.0 of this report on 23 November 2020 information was shared with RQIA. The information received alleged issues in relation to IPC and more specifically a breach of the HSCB operational guidance. On the same afternoon, the information shared with RQIA was discussed with Mr Tosh, Responsible Individual, during a telephone conversation.

Mr Tosh told us that he was aware of the concerns shared with us and that the concerns had also been shared with the General Dental Council (GDC). Mr Tosh told us that an internal investigation into the concerns raised was being undertaken and that a reminder had been issued to all clinical staff within the Clear Dental group reinforcing that the HSCB operational guidance must be followed.

Mr Tosh told us that the concerns related to the clinical practice of an identified associate dentist and the GDC had scheduled an Interim Orders Committee (IOC) on the 27 November 2020 to review the allegations made. The outcome of this ICO was that conditions were placed on the registration of the identified associate dentist for a period of 18 months.

On 11 December 2020, we held a telephone conversation with Mr Tosh about the operational and governance arrangements to ensure compliance with the GDC IOC conditions of registration. We were satisfied that suitable arrangements had been put in place to ensure compliance with the ICO interim conditions.

RQIA have a memorandum of understanding with the HSCB and due to the issues raised in relation to IPC and adherence to HSCB operational guidance the information received by RQIA was shared with the HSCB.

Where RQIA is notified of a potential breach of regulations or standards, we will review the matter and take appropriate action as required.

### 4.3 Review of areas for improvement from the last care inspection dated 17 December 2019

There were no areas for improvement made as a result of the last announced pre-registration 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.

During the inspection we met with Mrs Mearns; Registered Manager; an associate dentist; and two dental nurses, one of which primarily works on reception. We also had a telephone conversation with Mr Tosh, Responsible Individual. We undertook a tour of the premises, reviewed relevant records and documents in relation to the day to day operation of the practice.

The findings of the inspection were provided to Mrs Mearns, 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 Mrs Mearns and staff and application of the HSCB operational guidance. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

All clinical staff spoken with displayed a good knowledge of the HSCB operational guidance and told us that they adhere to the guidance at all times. Clinical staff were able to describe the level of personal protective equipment (PPE) they wear during aerosol generating procedures (AGPs) and non-AGP treatments. We observed adequate supplies of PPE available.

All staff told us that they had not witnessed anyone breach HSCB operational guidelines and we did not observe any breaches during the course of the inspection. We determined that the alleged breach was in relation to the actions of one individual associate dentist and that measures had been implemented to address this.

As previously stated the GDC scheduled an IOC on the 27 November 2020 to review the allegations made and conditions were placed on the registration of the identified associate dentist for a period of 18 months. Through our discussions with Mr Tosh following the inspection we were satisfied that suitable arrangements had been put in place to ensure compliance with the ICO interim conditions.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 during August 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.

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>	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 PPE was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using 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. Mrs Mearns 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 examined the staff register and noted that the most recently recruited staff member commenced work during September 2020. We reviewed the personnel records regarding this staff member and confirmed that the identified staff member had been referred to an occupational Health (OH) department. Mrs Mearns told us that in the future all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to OH.

### **Areas of good practice: Infection prevention and control**

We reviewed the current arrangements with respect to IPC and evidenced that practice was being actively reviewed and any deficits had been addressed.

### **Areas for improvement: Infection prevention and control**

We identified no areas for improvement regarding IPC.

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

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 June 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.

We found that appropriate equipment, including a washer disinfectant and three steam sterilisers had been provided to meet the requirements of the practice. We were told that only one of the steam sterilisers was in routine use. We established that equipment used in the decontamination process had been appropriately validated. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.



We discussed the arrangements for the inspection of pressure vessels per the written scheme of examination. We were informed that due to impact of COVID-19 the inspection of pressure vessels was slightly overdue and that these pressure vessels would be inspected at the first available opportunity.

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
<b>Areas for improvement</b>	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.

As discussed in section 3.0, Clear Dental Duke Street Ballymena is operated by Clear Dental Care (NI) Limited. Mr Mark Tosh is the Responsible Individual for Clear Dental Care (NI) Limited and he nominates a member of the senior management team to undertake the unannounced quality monitoring visits on his behalf. We evidenced that Mr Tosh receives a copy of the report generated for review and sign off. We reviewed the most recent unannounced quality monitoring visit report dated 8 July 2020. We were told that should these unannounced visits identify issues an action plan would be developed to address any deficits; including timescales and persons responsible for completing the actions. We were told that these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

**Areas of good practice: Visits by the Registered Provider (Regulation 26)**

We evidenced that reports documenting the findings of visits by the Registered Provider were maintained and these evidenced that the visits were in keeping with the legislation.

**Areas for improvement: Visits by the Registered Provider (Regulation 26)**

We identified no areas for improvement regarding visits by the Registered Provider in line with the legislation.

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

**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. Mrs Mearns and staff told us that equality data collected was managed in line with best practice.

**6.7 Feedback to the Responsible Individual**

On 11 December 2020 we provided feedback to Mr Mark Tosh, Responsible Individual, Clear Dental Care (NI) Limited. This feedback focused on the themes for the 2020/21 inspection year and the findings of the inspection in regards to the information shared with us on 23 November 2020.

During this feedback we also discussed the operational and governance arrangements in place in relation to the ICO interim orders placed on the registration of the identified associate dentist. We did not observe any breaches of the HSCB operational guidance during our inspection and confirmed that any deficits in relation to individual practice had been addressed. However, as the GDC had issued an interim orders to an associate dentist we will continue to review this matter and take appropriate action as required.

**6.8 Total number of areas for improvement**

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