Announced Care Inspection Report
28 January 2021

Portglenone Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 58 Main Street, Portglenone, BT44 8HR
Tel No: 028 2582 2115
Inspector: Bridget Dougan

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
- 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 Provider: Portglenone Dental Care **Responsible Individual:** Mrs Anne O'Rawe	**Registered Manager:** Mrs Anne O'Rawe
Person in charge at the time of inspection: Mrs Anne O'Rawe	**Date manager registered:** 9 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Inspection summary

We undertook an announced inspection on 28 January 2021 from 10:00 to 11:30.

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 premises, met with Mrs Anne O'Rawe, Responsible Individual, the practice manager and one dental nurse. 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; 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.

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 O'Rawe, 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.

4.2 Action/enforcement taken following the most recent inspection dated 20 August 2019

The most recent inspection of Portglenone Dental Care was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.3 Review of areas for improvement from the last care inspection dated 20 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that Buccolam pre-filled syringes are available in sufficient doses and quantities in order to be able to administer the appropriate dose for the patient's age and a second dose to the same patient if required.	**Met**
	Action taken as confirmed during the inspection: We confirmed that Buccolam pre-filled syringes were retained in a 2.5mg dose; four 2.5mg doses were available. There were insufficient doses and quantities in order to be able to administer the appropriate dose for the patient's age and a second dose to the same patient if required. Following the inspection, confirmation was received from Mrs O'Rawe that sufficient stock of Buccolam pre-filled syringes, to ensure adherence to HSCB guidance, had been obtained. Mrs O'Rawe gave assurances that, in the future, sufficient stock of	

	Buccolam pre-filled syringes would be retained.	
Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time	The registered person shall ensure that Dental Unit Water Lines (DUWLs) are disinfected with a commercially available biocide in keeping with manufacturer's instructions and Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.	**Met**
	Action taken as confirmed during the inspection: We confirmed the Dental Unit Water Lines (DUWLs) are disinfected with a commercially available biocide in keeping with manufacturer's instructions and Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.	
Area for improvement 3 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure that the details of the daily automatic control test (ACT) are recorded in the steam steriliser logbook.	**Met**
	Action taken as confirmed during the inspection: We confirmed that the details of the daily automatic control test (ACT) were recorded in the steam steriliser logbook.	

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
- 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 prior to the inspection. The results are discussed in section 6.7 of this report.

The findings of the inspection were provided to Mrs O'Rawe 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 O'Rawe, 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 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 most 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. It was observed that Buccolam pre-filled syringes were retained in a 2.5mg dose; four 2.5mg doses were available. In keeping with the Health and Social Care Board (HSCB) guidance, sufficient quantity and dosage of Buccolam pre-filled syringes should be retained. The HSCB specify that dental practices should be able to administer all four doses (2.5mg, 5mg, 7.5mg or 10mg) dependent on the patients' age and also be able to administer a second dose to the same patient, if required, and that part doses cannot be administered. This was discussed with Mrs O'Rawe, who readily agreed to purchase additional stock. Following the inspection, confirmation was received from Mrs O'Rawe that sufficient stock of Buccolam pre-filled syringes, to ensure adherence to HSCB guidance, had been obtained.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available in the practice with the exception of an automated external defibrillator (AED). It was confirmed that the practice has access to a community AED which can be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

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 via an online training module during January 2021. We were advised that due to the impact of the COVID-19 pandemic the practice had been unable to access hands-on training in medical emergencies for staff. We were informed this training will be delivered to staff as soon as it becomes available from the training organisation. We found that the online 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.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

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 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 O'Rawe 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.

Mrs O'Rawe confirmed that no new clinical staff had been recruited since the last inspection. Records were available to evidence staff Hepatitis B vaccination status. We noted that these records had not been generated by the staff member's GP or an Occupational Health (OH) department. Mrs O'Rawe was aware that all newly recruited clinical staff members, who were new to dentistry, are automatically referred to OH.

Areas of good practice: Infection prevention and control

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

Areas for improvement: Infection prevention and control

We identified no 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 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 January 2021, 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 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 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 Mrs O'Rawe is 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. Mrs O'Rawe told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

As discussed in section 5.0, we invited patients and staff to complete an online questionnaire. No completed patient or staff questionnaires were submitted to us prior to the inspection.

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	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.

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
Web www.rqia.org.uk
@RQIANews