

# **Announced Care Inspection Report 25 February 2021**



## **Orthoplus Orthodontic Centre**

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

**Address: 12 Ballymoney Road, Ballymena, BT43 5BY**

**Tel No: 028 2565 5500**

**Inspector: Emer McCurry**

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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

This is a registered dental practice with three registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Sally-Ann Todd	<b>Registered Manager:</b> Ms Sally-Ann Todd
<b>Person in charge at the time of inspection:</b> Ms Sally-Ann Todd	<b>Date manager registered:</b> 23 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

## 4.0 Inspection summary

We undertook an announced inspection on 25 February 2021 from 14:20 to 15:30 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 of the premises, met with Ms Sally-Ann Todd, Registered Person, a dental nurse and a receptionist; 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 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
<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 Ms Sally-Ann Todd, Registered Person, 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 23 May 2019**

The most recent inspection of the establishment was an announced care inspection.

#### **4.3 Review of areas for improvement from the last care inspection dated 23 May 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.

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.8 of this report.

The findings of the inspection were provided to Ms Todd 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 Todd, 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.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that not 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 found the practice did not have adrenaline available in the form of 1:1000 1ml ampoules. This was discussed with Ms Todd and following inspection we received evidence via electronic mail that adrenaline 1:1000 1 ml ampoules had been purchased. 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 February 2021. 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
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 of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that these areas of the practice were fully equipped to meet the needs of patients.

We established that personal protective equipment (PPE) was readily available. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP2 or FFP3 masks. An FFP2 or 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 FFP2 or 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 were informed that applicable staff were wearing fit tested FFP2 masks.

The HSCB guidance – Preparation for the Re-establishment of General Dental Services- Operational Guidance (updated 02 February 2021) specifies the level of PPE to be worn when AGPs are undertaken. The guidance recommends fit tested FFP2 masks may be used for AGPs if FFP3 masks are not available in certain circumstances. For example if a sustainable supply of FFP3 masks is unavailable, or fit testing to an FFP3 mask has failed. If FFP2 masks are being used this should be recorded in practices policies and procedures with sufficient information to show FFP3 masks are not available. It is acceptable for practices to use up existing stock of FFP2 masks.

Ms Todd confirmed that existing stock of FFP2 masks are currently being used. We reviewed the fit testing records and confirmed that the appropriate staff members had been fit tested for FFP2 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.



Ms Todd confirmed that IPS audits were undertaken by her and are completed in a meaningful manner. We were informed that the outcome of the audit was discussed during regular staff meetings. Ms Todd 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 the most recently recruited staff member commenced work during January 2020. We were advised that this member of staff had been referred to occupational health (OH) to assess their hepatitis B status. Ms Todd confirmed that evidence of hepatitis B status for staff is retained. Ms Todd told us that 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 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
<b>Areas for improvement</b>	0	0

## **6.4 Decontamination of reusable dental instruments**

We observed a decontamination area, separate from patient treatment areas and dedicated to the decontamination process, was available. The decontamination area facilitates 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 October 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 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
<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. We established that Ms Todd was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the registered provider were not applicable.

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

## **6.6 Nitrous oxide risk assessment**

Nitrous Oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures, or the treatment of particular individuals. On 6 September 2017 the Northern Ireland Adverse Incident Centre (NIAIC) issued an alert about the risks associated with nitrous oxide waste gases. This alert included specific actions to be taken by practices offering inhalational sedation.

On 3 February 2021 the Public Health Agency, in conjunction with the HSCB, issued a reminder of best practice guidance with regard to the NIAIC alert issued on 6 September 2017.

Ms Todd informed us that inhalation sedation is not offered within Orthoplus Orthodontic Centre.



## 6.7 Equality data

We discussed the arrangements in place with Ms Todd 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.

## 6.8 Patient and staff views

We found that seven patients/relatives/visitors submitted responses to RQIA. We found six felt the care was safe and effective, that they were treated with compassion and that the service was well led. All indicated that they were very satisfied with each of these areas of their care. We found one was very satisfied that their care was safe and effective, and that the service was well led. However, they indicated that they were neither satisfied nor dissatisfied that they were treated with compassion in regards to their care.

Comments included in submitted questionnaire responses are as follows:

- “Treatment and service at Orthoplus has been excellent”
- “They made me feel secure in my smile”
- “Amazing help”
- “Changed my life”
- “Staff at Orthoplus are always professional, very friendly and helpful. I would highly recommend”.

We found six staff submitted questionnaire responses to RQIA. We found these staff felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

Comments included in in submitted questionnaire responses are as follows:

- “Very nice place to work”.

## 6.9 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  
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](https://twitter.com/RQIANews)