

# Announced Care Inspection Report 08 September 2020



## South Down Healthcare Limited

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: Custom House, 22 Merchant Quay, Newry, BT35 6AH**  
**Tel No: 028 3025 1715**  
**Inspector: Bridget Dougan**

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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 five registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> South Down Healthcare Limited  <b>Responsible Individual:</b> Miss Paula McHenry	<b>Registered Manager:</b> Miss Paula McHenry
<b>Person in charge at the time of inspection:</b> Miss Paula McHenry	<b>Date manager registered:</b> 13 June 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 4.0 Action/enforcement taken following the most recent inspection dated 06 November 2019

The most recent inspection of South Down Healthcare Limited was an announced care inspection. No areas for improvement were made during this inspection.

## 5.0 Inspection summary

We undertook an announced inspection on 8 September 2020 from 11:00 to 12:00 hours. The practice agreed to participate in a pilot using a blended inspection methodology. This involved the practice completing a self-assessment and submitting requested documents to be reviewed in advance of the onsite inspection. More information in this regard can be found in section 5.0 of this report.

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 new premises and spoke with staff 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 regarding COVID-19; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care

## 5.1 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 Miss Paula McHenry, Registered Person, 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 How we inspect

In response to the COVID-19 pandemic we reviewed our inspection methodology and considered various options to undertake inspections. The purpose of this was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

One option considered was a blended inspection methodology; meaning providers completed and submitted a self-assessment with supporting documentation to be reviewed in advance of the onsite inspection. The purpose of the onsite inspection is to validate the information submitted.

We agreed to pilot this methodology in dental practices and South Down Healthcare Limited agreed to participate in the pilot. The self-assessment and supporting documents were submitted by the practice within the agreed timeframe.

Before the inspection, a range of information relevant to the dental practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- the completed self-assessment detailing the management of operations in response to the COVID-19 pandemic; information in relation to the management of medical emergencies; infection prevention and control (IPC); and decontamination of reusable dental instruments;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

We undertook a tour of some areas of the premises, met with Miss Paula McHenry, Registered Person, the lead dental nurse, a receptionist and a housekeeper; reviewed relevant records and documents in relation to the day to day operation of the practice.

The findings of the inspection were provided to Miss Paula McHenry and the lead dental nurse at the conclusion of the inspection.

## 7.0 Inspection findings

### 7.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Miss McHenry 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

### 7.2 Management of medical emergencies

#### Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment, as recommended by the Resuscitation Council (UK) guidelines, were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies was included in the induction programme and training was updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was on 13 February 2020.

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.

**Areas of good practice: Management of medical emergencies**

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff have the knowledge and skills to react to a medical emergency, should it

**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

**7.3 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 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 the 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.

The lead dental nurse confirmed that IPS audits were completed every six months, 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. Review of submitted documentation evidenced that should the audit identify areas for improvement, an action plan would be generated to address the issues identified.

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.



Miss McHenry confirmed that the most recently recruited staff members commenced work during March 2020. We reviewed the personnel records regarding these staff members and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had been generated by an occupational health (OH) department. Miss McHenry is aware that all newly recruited clinical staff members, who are new to dentistry, are 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.

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

## **7.4 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 August 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

#### 7.5 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 Miss McHenry was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

#### 7.6 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. Miss McHenry told us that equality data collected was managed in line with best practice.

#### 7.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and 13 patients submitted responses to RQIA. We found 13 patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Very satisfied with all aspects of treatment”
- “Very happy with everything”
- “Excellent care, welcoming staff, clean setting”
- “I’m very happy with my care and treatment”



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

**7.8 Total number of areas for improvement**

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

**8.0 Quality improvement plan**

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



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