Announced Care and Variation to Registration Inspection Report
30 December 2020

The Glens Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 2 Gortaclee Road, Cushendall BT44 0TE
Tel No: 028 2177 1242
Inspector: Norma Munn

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

The Glens Dental Practice is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice provides general dental services. An application to vary the registration was submitted to RQIA by Mr Mark Morris in respect of The Glens Dental Practice to increase the number of dental chairs from two to three.

3.0 Service details

Registered Persons: Mr Mark Morris and Ms Shanni Fulton	**Registered Manager:** Mr Mark Morris
Person in charge at the time of inspection: Mr Mark Morris	**Date Manager registered:** 4 April 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Two increasing to three following the inspection

4.0 Inspection summary

We undertook a combined announced and variation to registration inspection on 30 December 2020 from 13:20 to 14:40 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 RQIA to increase the number of registered dental chairs from two to three.

Mr Gavin Doherty, RQIA estates inspector, completed a remote review of the application and supporting documents and approved the variation to registration application from an estates perspective.

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

A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of some areas of the premises and met with Mr Mark Morris, Registered Person, a dental nurse and a receptionist. We reviewed relevant records and documents in relation to the day to day operation of the practice and in respect of the variation application.

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.

The variation to registration in respect of the increase in the number of registered dental chairs from two to three was approved from a care and estates perspective following this inspection.

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 Mr Morris, 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 6 September 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 6 September 2019

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

5.0 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 The Glens Dental Practice agreed to participate in the pilot. The self-assessment and supporting documents were submitted by the practice within the agreed timeframe and reviewed prior to the inspection.

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
- 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
- the previous care inspection report
- the variation application and associated documents

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. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report.

During the inspection, we spoke with Mr Morris, Registered Person, a dental nurse and a receptionist.

The findings of the inspection were provided to Mr Morris 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 Mr Morris and staff, and application of the Health and Social Care Board (HSCB) operational guidance. We found that COVID-19 policies and procedures were in place. Minor amendments to the policies and procedures were needed to ensure they were in keeping with best practice guidance. Mr Morris addressed this issue following the inspection.

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 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. However, we found that there were insufficient doses of Adrenaline provided as recommended by the HSCB and in keeping with the BNF. We advised that doses of Adrenaline should be provided as recommended. Following the inspection we received evidence that additional doses of Adrenaline had been provided accordingly.

We 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 found that the Glucagon medicine was stored out of the fridge and the expiry date had not been amended in accordance with manufacturer's instructions. We discussed this with Mr Morris and following the inspection we received evidence that this issue had been addressed.

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 evidenced that staff last completed medical emergency refresher training on 6 February 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 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 were well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment was 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 further 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 areas of the premises including the new dental surgery. We noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that the areas of the practice reviewed 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 will continue 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 Mr Morris and one of the dental nurses. Staff told us that the outcome of the audit was discussed during regular staff meetings. Mr Morris 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 no new staff have been employed since the previous inspection. Mr Morris told us that records were retained to evidence clinical staff members' Hepatitis B immunisation status and that all newly recruited clinical staff members, who were 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 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 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.

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. Staff confirmed that sufficient dental instruments were available to service the third dental surgery.

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

6.7 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 Mr Morris was in day to day management of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.8 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. Staff demonstrated that equality data collected was managed in line with best practice.

6.9 Patient and staff views

The practice distributed questionnaires to patients on our behalf and three patients submitted responses to RQIA. Two of the questionnaires submitted had not been fully completed. We found that the patient who fully completed the questionnaire felt that their care was safe and effective, that they were treated with compassion and that the service was well led. Two of the patients indicated that they were very satisfied with each of these areas of their care.

We also invited staff to complete an electronic questionnaire prior to the inspection. We found five staff submitted questionnaire responses to RQIA however, two of the five staff did not fully complete the questionnaires. We found the staff who fully completed the questionnaires felt patient care was safe, effective, that patients were treated with compassion, that the service was well led and were very satisfied with each of these areas of patient care. One staff member who had not fully completed the questionnaire indicated that they were very unsatisfied with each of these areas of patient care. This response was discussed with Mr Morris.

6.9 Additional areas associated with the Variation to Registration

6.9.1 Statement of purpose

A statement of purpose 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.

6.9.2 Patient guide

A patient guide 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.

6.9.3 Infection Prevention and Control

We assessed the additional third surgery and found that it was finished to a good standard. The flooring was impervious and coved where it meets the walls. The cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning.

We observed that a dedicated hand washing basin was available and a laminated/wipe-clean poster promoting hand hygiene was displayed close to the hand wash basin. We noted an adequate supply of liquid soap and disposable paper towels were provided.

We observed that sharps boxes were safely positioned to prevent unauthorised access however, these had not all been signed and dated on assembly. Mr Morris agreed to action this with immediate effect and gave assurances that all sharps boxes will be signed and dated on assembly in the future. Staff 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 the clinical waste bin 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.

Staff told us the new dental chair operated an independent bottled-water system and confirmed that the dental unit water lines (DUWLs) would be appropriately managed.

6.9.4 Radiology and radiation safety

We observed an intra-oral x-ray machine had been installed in the new third surgery.

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 on 11 December 2020 for the x-ray machine in the new surgery. We confirmed that the critical examination report had been reviewed and endorsed by the Radiation Protection Advisor (RPA).

We were informed that the new intra-oral x-ray machine is under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

6.10 Conclusion

As discussed in Section 4.0 of this report Gavin Doherty, RQIA estates inspector, undertook a remote review of the premises section of the variation to registration application and approved the registration application from an estates perspective.

The variation to registration in respect of the increase in the number of registered dental chairs from two to three was approved from a care and estates perspective following this inspection.

6.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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

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