

Inspection Report

11 October 2021



Haugh Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 3 - 5 Newcastle Street, Killeel, BT34 4AF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Mr Raymond Haugh	Registered Manager: Mr Raymond Haugh Date registered: 25 July 2012
Person in charge at the time of inspection: Mr Raymond Haugh	Number of registered places: Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Haugh Dental Care 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 four registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

An unannounced inspection was undertaken on 11 October 2021 from 12.00 pm to 1.00pm.

The purpose of the inspections was to assess compliance with the legislation and minimum standards following information received by RQIA with regards to Haugh Dental Care. The inspection was undertaken by two care inspectors.

The focus of the inspection was to examine the information received regarding adherence to best practice guidance in relation to the management of operations in response to the COVID-19 pandemic.

During the inspection there was evidence of good practice in relation to the areas examined.

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

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice?

As this was an unannounced inspection posters were not issued to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

We spoke to staff on the day of inspection and no issues were raised in respect of patient care. All staff spoken with felt patient care was safe, effective and that patients were treated with compassion. Staff also felt the service was well led.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Haugh Dental Care was undertaken on 5 October 2020; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance (updated 2 February 2021) and focused on social distancing, training of staff, and enhanced cross-infection control procedures. Staff spoken with were knowledgeable in relation to the HSCB operational guidance.

Mr Raymond Haugh is the identified COVID-19 lead and it is his responsibility to ensure arrangements are in place to regularly review COVID-19 advisory information, guidance and alerts.

There were COVID-19 policies and procedures in place and a review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed. A risk assessment regarding fallow times in the four surgeries, in respect of aerosol generated procedures (AGPs) had been completed and fallow times had been calculated in accordance with HSCB guidance.

A higher level of Personal Protective Equipment (PPE) is required when dental treatment using AGPs are undertaken including the use of FFP3 masks and disposable gowns. Staff confirmed that FFP3 masks and disposable gowns were being used for AGPs.

An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer and is an essential component of Respiratory Protective Equipment (RPE) for AGPs. 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 members of the dental team had been fit tested for FFP3 masks.

When undertaking an AGP, it is important that no other personnel enter the surgery until the end of the fallow time; therefore staff and patients must be aware that an AGP is being undertaken. Clinical team members described the system in place and advice was given to further enhance this system by implementing new signage to alert staff and patients that an AGP is in progress. Following the inspection RQIA received confirmation and photographic evidence that this had been actioned.

The donning and doffing arrangements in respect of AGP's and the use of PPE were discussed with Mr Haugh and staff. Mr Haugh confirmed that all members of the dental team were following the current HSCB guidance in respect of donning and doffing of PPE.

Through discussion and review of evidence COVID-19 arrangements have been further enhanced and the procedures in place are robust.

6.0 Conclusion

Based on the inspection findings, evidence reviewed and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspections were discussed with Mr Raymond Haugh, Registered Person, as part of the inspection process and can be found in the main body of the report.



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