

# **Announced Care Inspection Report 07 September 2020**



## **Newry Denture and Dental Care Ltd**

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

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**Inspectors: Carmel McKeegan and Karen Weir**

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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 one registered place, providing private dental treatment. The practice predominantly provides the service of assessing and making dentures for patients. However, if a patient does require an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice four hours per month and is accompanied by a dental nurse.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Newry Denture and Dental Care Ltd  <b>Responsible Individual:</b> Mrs Geraldine O'Hare	<b>Registered Manager:</b> Mr Damien O'Hare
<b>Person in charge at the time of inspection:</b> Mrs Geraldine O'Hare Mr Damien O'Hare	<b>Date manager registered:</b> 17 September 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 4.0 Action/enforcement taken following the most recent inspection dated 17 December 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during that inspection.

## 4.1 Review of areas for improvement from the last care inspection dated 17 December 2018

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

## 5.0 Inspection summary

We undertook an announced inspection on 07 September 2020 from 14:30 to 16:30 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 the premises, met with Mrs Geraldine O'Hare, Responsible Individual and Mr Damien O'Hare, Registered Manager 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 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.

The findings of the inspection were provided to Mr and Mrs O'Hare at the conclusion of the inspection.

### 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 Mrs Geraldine O'Hare, Responsible Individual and Mr Damien O'Hare, Registered Manager 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 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 and application of the Health and Social Care Board (HSCB) operational guidance with Mr and Mrs O'Hare. 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 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 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 Mr and Mrs O'Hare last completed medical emergency training during November 2019. Mr and Mrs O'Hare informed us they will undertake refresher training later this year. We confirmed that the visiting dentist and dental nurse attend medical emergency refresher training in their main place of work and records are retained in this regard.

Mr and Mrs O'Hare told us that medical emergency 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.

Mr and Mrs O'Hare demonstrated a good understanding of the actions to be taken in the event of a medical emergency. They were aware of the location of medical emergency medicines and equipment and felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were in place and those working in the practice 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 new 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. We determined that assessing and making dentures for patients are not AGPs. Mr O'Hare also stated that the visiting dentist does not undertake any AGPs in this practice. We were informed that if a patient was assessed as requiring dental treatment using an AGP the patient would be signposted to their own general dental practitioner.

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.

Mr and Mrs O'Hare confirmed that IPS audits were completed in a meaningful manner and that the outcome of the audit was discussed during regular staff meetings. Mr O'Hare 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 all those who worked in the practice received IPC and COVID-19 training commensurate with their roles and responsibilities. Mr and Mrs O'Hare demonstrated good and up to date knowledge and understanding of IPC procedures.



We noted that no new clinical staff had been recruited during 2020. Mr and Mrs O'Hare confirmed that records were retained to evidence all staff's Hepatitis B vaccination status. We noted these records had either been generated by the staff member's GP or by an occupational health department. Mr and Mrs O'Hare were aware that any new clinical staff members recruited in the future, who were new to dentistry, should be automatically referred to occupational health.

During discussion it was identified that conventional needles and syringes are used by the visiting dentist when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. On 21 September 2020 RQIA received written correspondence from Mr O'Hare confirming that the visiting dentist will commence using safety plus needles with immediate effect, to reduce the risk of needlestick injury, and a stock of these were provided in the surgery.

### **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**

No further areas for improvement regarding infection prevention and control were identified.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 observed paint flaking in some sections of the walls in the decontamination room. On 21 September 2020 RQIA received written correspondence from Mr O'Hare confirming that repainting of the decontamination room was in the process of being arranged.

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.

We confirmed that 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 audits, completed during December 2019 and June 2020 and found that the audits had been completed in a meaningful manner and had identified areas of good practice.

We found that appropriate equipment, including a washer disinfectant and 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 in general were recorded in keeping with HTM 01-05. We noted the temperature, sterilising hold time and pressure reading of the automatic control test (ACT) was not recorded for the steriliser. Mr O'Hare told us the visiting dental nurse completes this record. As the dental nurse was not present we spoke with the dental nurse by telephone following the inspection as had been agreed with Mr and Mrs O'Hare. The dental nurse confirmed that the temperature, sterilising hold time and pressure reading of the ACT would be recorded in the steriliser log book with immediate effect.

Through discussions with Mr O'Hare and the dental nurse we confirmed that all clinical 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**

No further areas for improvement regarding the decontamination of reusable dental instruments were identified.

	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 Mrs and Mr O'Hare were both in day to day management 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. Mr and Mrs O'Hare told us that equality data collected was managed in line with best practice.

## 6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and 19 patients submitted responses to RQIA. We found all 19 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. The following comment was included in a submitted questionnaire response:

- 'Great practice, friendly and approachable. Always willing to help. Make me feel at ease.'

RQIA also invited staff to complete an electronic questionnaire prior to inspection. No completed staff questionnaires were received.

## 6.8 Total number of areas for improvement

We determined that areas for improvement identified during this inspection have been addressed immediately following the inspection and supporting evidence of this was provided to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 Quality improvement plan

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



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