The Regulation and Quality Improvement Authority

Inspection Report

29 January 2024

Belvoir Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 1a Drumart Street, Belfast, BT8 7EY
Telephone number: 028 9049 1800

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: Miss Lillian Armstrong	**Registered Manager:** Mr James Byrne **Date registered:** 11 July 2013
Person in charge at the time of inspection: Miss Lillian Armstrong	**Number of registered places:** Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Belvoir 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 two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. Miss Lillian Armstrong is the registered provider for two dental practices registered with RQIA; Belvoir Dental Care and AB Dental Surgeries Glengormley.	

2.0 Inspection summary

This was an unannounced inspection, undertaken by a care inspector on 29 January 2024 from 2.10 pm to 4.00 pm.

This inspection was undertaken following receipt of information shared with RQIA by an anonymous source. The information related to A B Dental Surgeries Glengormley. The information received alleged issues in relation to staffing arrangements and the decontamination of reusable dental instruments. An unannounced inspection of A B Dental Surgeries Glengormley undertaken on 25 January 2024 established that reusable dental instruments were being transported to Belvoir Dental Care for reprocessing. Therefore, an unannounced inspection was undertaken of Belvoir Dental Care.

The focus of the inspection was to review the issues raised by the anonymous source, assess compliance with the legislation and to assess progress with areas for improvement identified during the last care inspection.

It is not within the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care.

However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

During this inspection a number of issues were identified concerning the arrangements for the decontamination of reusable dental instruments which did not meet with best practice guidance. Miss Armstrong subsequently attended a meeting in RQIA on 28 March 2024 to discuss these matters. During this meeting Miss Armstrong provided evidence that appropriate actions had taken place to address the areas of concerns identified.

One area for improvement identified against the regulations relating to staff training and an area for improvement against the standards in relation to Hepatitis B records made during the previous inspection could not be assessed and have therefore been carried forward for review at the next inspection.

An area for improvement identified against the standards at the previous inspection relating to the provision of emergency equipment has been assessed as partially met and has been stated for a second time. An additional an area for improvement has been identified against the standards to ensure that emergency medicines are in place in keeping with best practice guidance.

A further five areas for improvement have been identified against the regulations. These relate to ensuring the validation of decontamination equipment; undertaking the required periodic tests for the decontamination equipment; establishing robust arrangements to ensure pressure vessels are inspected in keeping with best practice; and ensuring any untoward event is notified to RQIA within the required time frame.

As a result of the findings of this inspection Miss Armstrong was advised that RQIA will undertake a follow-up inspection to Belvoir Dental Care to monitor the quality of service provided and assess compliance with the legislation and minimum standards.

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.

Ms Lillian Armstrong, Registered Person, was present on the day of the inspection and facilitated this inspection. A tour of some areas of the premises was undertaken.

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 The inspection

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

Areas for improvement from the last inspection on 15 March 2022		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 18 (2) (a) **Stated:** First time	The registered person shall ensure that all staff complete training in accordance with the RQIA training guidance and that training records are retained for inspection.	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and has been carried forward for review at the next inspection. Further detail is provided in section 5.2.1.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that oropharyngeal airways in sizes,0,1,2,3 and 4 are provided and that these items are included in the routine checks of emergency equipment.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met and has been stated for a second time. Further detail is provided in section 5.2.3.	

Area for Improvement 2 **Ref:** Standard 11.2 **Stated:** First time	The registered person shall ensure records are retained regarding the Hepatitis B immunisation status of clinical staff.	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and has been carried forward for review at the next inspection. Further detail is provided in section 5.2.1.	

5.2 Inspection findings

5.2.1 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health.

Miss Armstrong informed us that policies and procedures for the decontamination of reusable dental instruments were kept in the practice file. Miss Armstrong informed us that the practice file had been removed from the premises without authorisation. This matter is discussed further in section 5.2.2. On 28 March 2024, Miss Armstrong provided RQIA with a copy of a new policy and procedure folder which contained a suite of policies in relation to the decontamination of reusable dental instruments.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process.

In general, the layout of this room complied with best practice guidance. However, the illuminated magnification light, used to inspect instruments following cleaning and prior to sterilisation, was not in the correct position. Advice was provided to re-position the illuminated magnification light to ensure the dirty to clean flow was maintained. This matter was addressed during the inspection.

It was noted that the clinical waste bin was over-flowing, this is not in keeping with best practice and was brought to the attention of Miss Armstrong. Personal protective equipment (PPE) was available for staff to wear during the decontamination process, however disposable plastic aprons were not easily accessible. Best practice guidance states that PPE is worn by the person undertaking the decontamination process and is readily available. It was advised that wall mounted storage units are available in this regard. An area for improvement has been made against the regulations to ensure these matters are addressed and that arrangements in the decontamination room are in keeping with infection prevention and control best practice guidance.

A washer disinfector, a DAC Universal and two steam sterilisers were in place to meet the requirements of the practice.

It was established that the washer disinfector had not been operational for a significant period of time. Miss Armstrong stated that the engineer had been unable to source a part to repair this machine. Discussion with staff confirmed that in the main, reusable dental instruments were processed using the DAC Universal or were manually washed prior to sterilisation.

Miss Armstrong informed us that the washer disinfector from A B Dental Surgeries Glengormley would be installed in Belvoir Dental Care and validated for use. On 28 March 2024 Miss Armstrong provided a copy of the validation certificate, dated 26 February 2024, for the current washer disinfector in place in Belvoir Dental Care.

In respect of the DAC universal and two steam sterilisers, there were no records to confirm these machines had been validated in accordance within the timeframes outlined in HTM 01-05. This was brought to the attention of Miss Armstrong and it was established that validation checks for these items were overdue. It was established that one of the sterilisers was a temporary arrangement as the new steriliser had a fault and was out of use. On 28 March 2024 Miss Armstrong provided RQIA with a copy of the certificate, dated 26 February to verify that the DAC Universal had been validated. An invoice was also provided which demonstrated that the steam steriliser in use had also been validated on 26 February 2024.

An area for improvement has been made against the regulations to ensure that robust arrangements are in place for the validation of decontamination equipment in keeping with best practice guidance.

Review of the records detailing periodic tests for the decontamination equipment demonstrated that all required tests to check the efficiency of the machines had not been undertaken. Records of periodic tests were available for one of the steam sterilisers, on review of these records it was noted that the results of periodic tests had not been consistently recorded. No records of periodic testing were available for the second steam steriliser, DAC Universal or washer disinfector. This matter was discussed with Miss Armstrong. On 28 March 2024 Miss Armstrong provided RQIA with copies of individual logbooks for each item of decontamination equipment in use. A review of these logbooks demonstrated that the required periodic tests were being undertaken for the DAC Universal, the steriliser and the washer disinfector. Miss Armstrong was advised that a weekly protein test should also be undertaken and the outcome recorded in respect of the DAC Universal.

Machines used to decontaminate reusable dental instruments are capable of recording cycle parameters of periodic tests on USB pens, memory cards or printing the cycle parameters. Miss Armstrong advised that the USB pen and memory cards could not be located and therefore the data had not been saved to the practice computer. On 28 March 2024, this issue was further discussed with Miss Armstrong who stated that new USB pens and memory cards had been sourced in respect of the decontamination equipment and that the information would be downloaded to the practice computer on a regular basis.

An area for improvement has been made against the regulations to ensure that periodic testing of the decontamination equipment in use is completed in line with HTM 01.05.

The DAC Universal and steriliser are pressure vessels and are subject to the Pressure Systems Safety Regulations 2000 (PSSR) and other relevant guidance issued by the Health and Safety Executive Northern Ireland (HSENI). It was established that the examination of these pressure vessels had not taken place. On 28 March 2024, Miss Armstrong informed us that the pressure vessels were to be examined on the 7 February 2024, however the equipment used by the engineer to complete this task was not available, therefore the pressure vessels are to be inspected per the written scheme of examination on 11 April 2024. An area for improvement has been made against the regulations to establish robust arrangements to ensure that pressure vessels are inspected in keeping with the written scheme of examination; reports of the examination to be undertaken on 11 April 2024 should be submitted to RQIA upon submission of the QIP.

No records were available to evidence that staff had received training in relation to infection prevention and control or the decontamination of reusable dental instruments. Miss Armstrong advised that staff training records were retained in the practice file that had been removed from the practice. This matter is discussed further in section 5.2.2.

It was confirmed that reusable dental instruments from A B Dental Surgeries Glengormley were being transported to and from Belvoir Dental Care for decontamination and sterilisation. However, Miss Armstrong informed us that due to extenuating circumstances A B Dental Surgeries Glengormley will not be providing dental care and treatment from 5 February 2024. This matter is being followed up separate from this inspection.

Addressing the areas for improvement will ensure the decontamination arrangements are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

An area for improvement had been made at the previous inspection in relation to staff training. Miss Armstrong stated that staff training records and certificates are held in the practice file. As previously discussed, Miss Armstrong informed us that the practice file had been removed from the practice without authorisation. It was established that this practice file also contained all the policies and procedures; other ongoing check lists and records relating to the operation of the practice.

Miss Armstrong was advised that if the removal from practice of the practice file was unauthorised and if the whereabouts of the file could not be identified this should have been notified to RQIA in accordance with Regulation 28 of The Independent Health Care Regulations (Northern Ireland) 2005.

Advice and guidance was provided on how to submit a notification to RQIA. Miss Armstrong was also advised to consider notifying other relevant authorities should personal staff or patient information have been contained in the practice file. An area for improvement had been made against the regulations to ensure that all untoward events are notified to RQIA within 24 hours of the event occurring. A notification should be submitted to RQIA retrospectively in this regard.

As records of staff training were not available for review, area for improvement 1 made against the standards, as outlined in section 4.1, could not be assessed and has been brought forward for review at the next RQIA care inspection.

5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

As the practice file was not available a medical emergency policy and procedure was not in place. However, protocols were available to guide the dental team on how to manage recognised medical emergencies. On 28 March 2024, Miss Armstrong provided a copy of a new policy and procedure file to RQIA, which contained the management of medical emergency policy and procedure.

Systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available. Review of the medical emergency equipment identified that oropharyngeal airways in sizes, 0,1,2,3 and 4 had exceeded their expiry dates. It was determined that area for improvement 1 made against the standards, as outlined in section 4.1, has not been fully met and has been stated for a second time.

Review of the emergency medicines confirmed that, in the main, emergency medicines were in place in keeping with the BNF. It was noted that glucose tablets had exceeded their expiry date. Medication was in place for the management of anaphylaxis in the form of auto-injectors in 0.3mcg and 0.15mcg doses and adrenaline 1:1000 1ml ampoules. It was identified that the adrenaline ampoules had exceeded their expiry date on 10 October 2022. Therefore, there was insufficient stock of Adrenaline in place should a medical emergency occur. Miss Armstrong was reminded that correspondence had previously been issued to all dental practices advising that only Adrenaline 1:1000 1ml ampoules should be retained as recommended by the Resuscitation Council (UK) and the BNF and sufficient stock kept to allow for a second dose to any age group. An area for improvement has been made against the regulations to ensure that emergency medicines are in place in keeping with the Resuscitation Council (UK) and the BNF.

As records of staff training were not available for review, area for improvement 1 made against the regulations in relation to staff training could not be assessed and has been brought forward for review at the next RQIA care inspection.

It was demonstrated that members of the dental team were fully aware of the actions they would take in the event of a medical emergency and were familiar with the location of medical emergency medicines and equipment.

Addressing the areas for improvements and ensuring that staff undertake medical emergency refresher training will ensure that sufficient emergency medicines and equipment are in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

5.2.4 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

On 28 March 2024, Miss Armstrong provided a copy of a new policy and procedure file which contained the overarching IPC policy and associated procedures. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. Miss Armstrong told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. We were informed that the lead had undertaken IPC and decontamination training in line with their CPD, as previously discussed training certificates and records should be retained as evidence.

As this was a focused inspection, only the decontamination area and reception area were reviewed. The reception area was clean, tidy and uncluttered.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided. As previously stated, disposable plastic aprons should be easily accessible.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are undertaken six monthly by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. Miss Armstrong informed us that the most recent audit was retained in the practice file and therefore was not available. This matter will be followed up at the next RQIA care inspection.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. Miss Armstrong confirmed that all relevant members of the dental team have received this vaccination. However, records were not available as these had also been retained in the missing practice file. Area for improvement 2 made against the standards, as outlined in section 4.1, has not been reviewed and is carried forward to the next RQIA care inspection.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. As previously discussed training certificates and records should be retained as evidence.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff. Addressing the area for improvement made will further strengthen the IPC arrangements.

5.2.4 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were discussed with Miss Armstrong to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray. Miss Armstrong advised that the dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information had also been removed from the practice without authorisation. Miss Armstrong stated she had contacted the radiation protection advisor (RPA)/medical physics expert (MPE) to make arrangements for a new file to be provided. This area will be reviewed at the next RQIA care inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Independent Health Care Regulations (Northern Ireland) 2005** and **Minimum Care Standards for Independent Healthcare Establishments (July 2014)**

	Regulations	Standards
Total number of Areas for Improvement	6*	3*

*The total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the QIP were discussed with Miss Armstrong, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 18 (2) (a) **Stated:** First time **To be completed by:** 18 April 2022	The registered person shall ensure that all staff complete training in accordance with the RQIA training guidance and that training records are retained and are available for inspection. Ref: 4.1 and 5.2.2
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 29 January 2024	The registered person should ensure that arrangements in the decontamination room are in keeping with infection prevention and control best practice guidance and include the following; • clinical waste bags are no more than ¾ full before being securely closed. • disposable plastic aprons are easily accessible and worn by the person undertaking decontamination duties. Ref 5.2.1
	Response by registered person detailing the actions taken: Waste bags are appropriately used + disposed of. Disposable plastic aprons are on the wall.
Area for improvement 3 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 28 March 2024	The registered person shall ensure that robust arrangements are in place for the revalidation of decontamination equipment in keeping with best practice guidance. Ref: 5.2.1
	Response by registered person detailing the actions taken: Validation of all de-con equipment has been completed as evidenced.
Area for improvement 4 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 29 January 2024	The registered person shall to ensure that all required periodic tests in respect of all decontamination equipment in use is completed in line with HTM 01.05. Records should be retained for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: All periodic testing of de-con equipment is undertaken + recorded.
Area for improvement 5 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 28 March 2024	The registered person shall establish robust arrangements to ensure that pressure vessels are inspected in keeping with the written scheme of examination; reports of the examination to be undertaken on 11 April 2024 should be submitted to RQIA upon submission of the quality improvement plan. Ref: 5.2.1

	Response by registered person detailing the actions taken: Pressure vessels inspected 30/4/24 reports will be provided upon receipt.
Area for improvement 6 **Ref:** Regulation 28 (1) (f) **Stated:** First time **To be completed by:** 29 January 2024	The registered person shall ensure that all untoward events are notified to RQIA within 24 hours of the event occurring. A notification should be submitted to RQIA retrospectively in respect of the missing practice file. Ref 5.2.2
	Response by registered person detailing the actions taken: Notification of missing practice files will be made.
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 29 February 2024	The registered person shall ensure oropharyngeal airways in sizes, 0,1,2,3 and 4 are provided and that these items are included in the routine checks of emergency equipment. Ref: 4.1 and 5.2.3
	Response by registered person detailing the actions taken: Required oropharyngeal airways [0 to 4] have been ordered.
Area for improvement 2 **Ref:** Standard 11.2 **Stated:** First time **To be completed by:** 18 April 2022	The registered person shall ensure that records are retained regarding the Hepatitis B immunisation status of clinical staff. Ref: 4.1 and 5.2.3
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Appointments have been made to check hepatitis B vaccination status.
Area for improvement 3 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:**	The registered person shall ensure that emergency medicines are in place in keeping with the Resuscitation Council (UK) and the British National Formulary and do not exceed their expiry date. Ref 5.2.3

29 March 2024	**Response by registered person detailing the actions taken:** All required emergency medicines are available and in date.

Please ensure this document is completed in full and returned via Web Portal

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