

Announced Care Inspection Report 29 September 2020



Rosconnor Specialist Dentistry, Ballymoney

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 21 Portrush Road, Ballymoney BT53 6BX
Tel No: 028 2766 2145
Inspector: Norma Munn
External Dental Professional: Hall Graham

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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

Rosconnor Specialist Dentistry, Ballymoney 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 three registered dental surgeries and provides general dental services and oral surgery.

3.0 Service details

Organisation/Registered Providers: Portman Healthcare Limited Responsible Individual: Mr Mark Hamburger	Registered Manager: Ms Mandy Reid
Person in charge at the time of inspection: Ms Mandy Reid	Date manager registered: 18 September 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

We undertook a combined announced and variation to registration inspection on 29 September 2020 from 09:45 to 12:30 hours.

A variation to registration application was submitted to the Regulation and Quality Improvement Authority (RQIA) to increase the number of registered dental chairs from three to four.

Mr Raymond Sayers, RQIA Estates Inspector, completed a desktop review of the application. Fire safety and legionella risk assessment documents were submitted for review.

Prior to the inspection RQIA received information from an anonymous source raising concerns regarding the recording of patients clinical records. The information received was shared with the Health and Social Care Board (HSCB) and the Responsible Individual of Portman Healthcare Limited. This is discussed further in section 6.8 of the report.

The purpose of this inspection was to:

- focus on the themes for the 2020/21 inspection year;
- review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application; and
- review the arrangements in relation to the recording of patients clinical records.

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).

We undertook a tour of the premises, met with Ms Mandy Reid, Registered Manager; the Head of Compliance for Portman Healthcare Limited; the Compliance Facilitator for Portman Healthcare Limited; the Clinical Manager; a dentist; a dental nurse; the decontamination lead and a receptionist. We reviewed relevant records and documents in relation to the day to day operation of the practice.

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

We found evidence of good practice in relation to the management of medical emergencies; IPC ; decontamination of reusable dental instruments; the practices' adherence to best practice guidance in relation to COVID-19; governance arrangements and the recording of clinical records.

In relation to the application to vary the registration of Rosconnor Specialist Dentistry Ballymoney we were informed that the new additional fourth surgery was to be utilised as a consultation room on a temporary basis during the COVID-19 pandemic period to assess patients pre and post treatment. We were advised that this surgery would be fully equipped and commissioned at a future date and RQIA will be notified in advance in order that approval can be sought. We were satisfied that the new surgery had been completed to a suitable standard for the purpose agreed. RQIA propose to proceed to approval of the application to increase the number of registered dental chairs from three to four placing the following condition on the registration of Rosconnor Specialist Dentistry, Ballymoney:

“The additional fourth dental surgery will be utilised to provide consultations during the COVID-19 pandemic period in order to assess patients pre and post treatment.”

In order to progress with the application, RQIA has requested that the Responsible Individual of Portman Healthcare Limited agrees to the condition above in writing. Once this has been received by RQIA then the variation to registration can be approved.

No immediate concerns were identified regarding the recording of patients' clinical records and the delivery of front line patient care.

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 Ms Reid, Registered Manager; the Head of Compliance for Portman

Healthcare Limited and the Clinical Manager as part of the inspection process. 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 21 August 2018

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

4.3 Review of areas for improvement from the last care inspection dated 21 August 2018

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

5.0 How we inspect

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;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

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 Ms Reid, Registered Manager; the Head of Compliance for Portman Healthcare Limited; the Compliance Facilitator for Portman Healthcare Limited; the Clinical Manager, one dentist, one dental nurse, the decontamination lead and a receptionist.

The findings of the inspection were provided to Ms Reid, Registered Manager; the Head of Compliance for Portman Healthcare Limited; and the Clinical Manager 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 and application of the HSCB operational guidance with staff. 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 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 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 staff last completed medical emergency refresher training during December 2019.

We found that the 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 who spoke with us 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 told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were 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 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 within the practice and noted that the clinical and decontamination areas were clean, tidy and uncluttered.

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 face 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 personal protective equipment; hand hygiene practice; and waste and sharps management.

Staff confirmed that IPS audits were completed in a meaningful manner and the outcome of the audit was discussed during regular staff meetings. We were informed 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 reviewed the personnel record of a newly recruited staff member and found that evidence of the Hepatitis B vaccination status of the member of staff had been retained. This record had either been generated by the staff member's GP or by an occupational health department. We were told that all newly recruited clinical staff members, 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 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.

	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 of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

We confirmed that 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 September 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 an ultrasonic bath, a washer disinfector 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

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 an unannounced quality monitoring visit on behalf of the Registered Provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. We found that an action plan was developed to address any issues identified during the visit which included timescales and person responsible for completing the action.

Areas of good practice

We evidenced that reports documenting the findings of visits by the registered provider were maintained and these evidenced that the visits were in keeping with the legislation.

Areas for improvement

We identified no areas for improvement regarding visits by the Registered Provider in line with the legislation.

	Regulations	Standards
Areas for improvement	0	0

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. Staff 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 17 patients submitted responses to RQIA. Patients told us they 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 either satisfied or very satisfied with each of these areas of their care. One comment included in submitted questionnaire responses was in relation to costing of treatment and this was discussed with the practice following the inspection.

We invited staff to complete an electronic questionnaire and ten staff and one visiting professional submitted responses to RQIA. Nine respondents indicated that they felt patient care was safe, effective, that patients were treated with compassion, that the service was well led and that they were either satisfied or very satisfied with each of these areas of patient care. Two staff responses indicated that they were very unsatisfied with each of these areas of care. However, one of these respondents did not include a comment and the other included a very positive comment which indicates that the response may have been made in error. The comment was as follows:

- “Great place to work with dedicated patient centred care.”

6.8 Management of clinical records

Prior to the inspection RQIA had received information from an anonymous source raising concerns regarding the recording of patients clinical records.

We reviewed a selection of patients’ clinical records and found evidence of good practice in relation to the management of patients’ clinical records and we found no evidence to support the concerns raised.

6.9 Variation to Registration

A variation to registration application was submitted to RQIA to increase the number of registered dental chairs from three to four.

Mr Raymond Sayers, completed a desktop review of the application, the fire safety and legionella risk assessment documents were reviewed and found to be acceptable. The variation application has been approved from an estates inspector`s perspective.

We were informed that the additional fourth surgery had not been fully equipped with a permanent dental chair and other associated dental equipment. This surgery is to be utilised as a consultation room on a temporary basis during the COVID-19 pandemic period in order to assess patients pre and post treatment. We were advised that the surgery would be fully equipped and commissioned at a future date and RQIA will be notified in advance in order that approval can be sought.

We assessed the suitability of the additional fourth surgery and found that it was well prepared from a building and engineering services perspective. The flooring was impervious and the cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning. However, we identified areas where the cabinetry meets the flooring and where the worktop meets the wall these areas had not been effectively sealed. We discussed this with staff and were given assurances that this would be addressed. Following the inspection RQIA received photographic evidence that the areas where the worktop meets the wall had been effectively sealed. We also received written confirmation that further work was to be undertaken to seal the identified areas where the cabinetry meets the flooring.

We observed that a dedicated hand washing basin was available in the new surgery 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 however disposable paper towels had not been provided. Following the inspection RQIA received photographic evidence to confirm that this issue has been addressed.

We observed that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. We were 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.

A portable dental chair had been provided which we found to be in good working order. We observed that the electric lead running from this dental chair to the wall socket could be a potential trip hazard. We discussed this with staff and were given assurances that this issue would be addressed. Following the inspection RQIA received confirmation that this issue had been addressed.

We were satisfied that the new surgery had been completed to a suitable standard for the purpose agreed. Therefore, RQIA propose to proceed to approval of the application to increase the number of registered dental chairs from three to four placing the following condition on the registration of Rosconnor Specialist Dentistry, Ballymoney:

The additional fourth dental surgery will be utilised to provide consultations during the COVID-19 pandemic period to assess patients pre and post treatment.

In order to progress with the application, RQIA has requested that the Responsible Individual agrees to the condition above in writing. Once this has been received by RQIA then the variation to registration can be approved.

6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 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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