

Announced Care Inspection Report 16 July 2019



Aisling Lalor Dental-Skin

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 33 West Street, Carrickfergus, Antrim, BT38 7AR
Tel No: 028 2568 9804
Inspector: Norma Munn

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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 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Ms Aisling Lalor	Registered Manager: Ms Aisling Lalor
Person in charge at the time of inspection: Ms Aisling Lalor	Date manager registered: 02 November 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Action/enforcement taken following the most recent inspection dated 2 November 2018

The most recent inspection of Aisling Lalor Dental-Skin was an announced follow up pre-registration care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 2 November 2018

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

5.0 Inspection findings

An announced inspection took place on 16 July 2019 from 10.00 to 12.15.

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 poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms Lalor, registered person, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

One area of improvement against the regulations and one area for improvement against the standards have been made. The area of improvement against the regulations relates to the recruitment and selection of staff and the area of improvement against the standards relates to conscious sedation training.

The findings of the inspection were provided to Ms Lalor, registered person at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training will be updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during October and November 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Ms Lalor confirmed that conscious sedation is provided in the form of inhalation sedation, known as relative analgesia (RA). The practice does not offer oral sedation or intravenous sedation (IV) to patients.

A review of records and discussion with Ms Lalor confirmed that the RA equipment which was recently installed will be serviced in keeping with manufacturer's instructions. Ms Lalor confirmed that a nitrous oxide risk assessment has been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

A policy and procedure in relation to the management of RA sedation was in place.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003) which is the best practice guidance document endorsed in Northern Ireland.

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

Ms Lalor confirmed that she is the only dentist providing RA sedation and is assisted by one of the dental nurses. Training records were reviewed following the inspection to evidence that the dental nurse had received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. Ms Lalor confirmed that she had previously completed conscious sedation training during 2006. However; there were no records retained to evidence this. Ms Lalor was advised that all members of the dental team providing treatment under conscious sedation must complete refresher training in accordance with best practice. Following the inspection Ms Lalor confirmed that she has ceased offering RA sedation until such times as she can complete refresher training.

An area for improvement against the standards has been made in this regard.

Areas of good practice

A review of the documentation of conscious sedation treatments evidenced that clinical records are maintained in keeping with best practice guidance.

Areas for improvement

All members of the dental team providing treatment under conscious sedation should have received appropriate training in keeping with best practice.

	Regulations	Standards
Areas for improvement	0	1

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

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.

A review of the most recent IPS audit, completed during June 2019, evidenced 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. An action plan was in place to address the issues identified during the audit process.

The audits are carried out by two of the dental nurses. Discussion with Ms Lalor and one of the dental nurses confirmed that any learning identified as a result of these audits is shared with staff as they arise.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

A review of the most recent IPS audit, completed during June 2019, evidenced 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.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfecter, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine.

Ms Lalor the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Ms Lalor regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA will complete a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Ms Lalor takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and will be undertaking clinical evaluation recording annually.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Ms Lalor confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. There have been no complaints recorded since the practice opened in November 2018. Ms Lalor confirmed that any records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff and audits of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Where the 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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Ms Lalor is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 Equality data

Equality data

The arrangements in place in relation to 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 was discussed with Ms Lalor and staff.

5.9 Additional areas examined

Ms Lalor confirmed that she had recently recruited a new member of staff and the AccessNI disclosure check had not been carried out in respect of Aisling Lalor Dental-Skin. The personnel file of this member of staff was reviewed and contained an AccessNI basic disclosure check undertaken by the member of staff and there was no evidence that an AccessNI enhanced disclosure check had been undertaken in respect of Aisling Lalor Dental-Skin. This was discussed with Ms Lalor and it was agreed that the member of staff would not work in the practice until an AccessNI enhanced disclosure check had been obtained. Ms Lalor agreed to action this following the inspection.

There was also no evidence that written references had been obtained in respect of this member of staff. However, Ms Lalor did confirm that verbal references had been sought. Ms Lalor has agreed to ensure that written references are sought and retained.

Ms Lalor was advised that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought in respect of any new staff prior to the commencement of employment. Records should be retained for inspection. An area for improvement against the regulations has been made.

Areas for improvement

An AccessNI enhanced disclosure check must be undertaken for the identified staff member. AccessNI enhanced disclosure checks must be received prior to any new staff commencing work in the future. All information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained for all staff who commence work in the future.

	Regulations	Standards
Areas for improvement	1	0

5.10 Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “I always feel very well looked after and cared for by all the staff.”
- “Aisling is an excellent practitioner and the care provided is second to none.”
- “Exceptional service.”
- “Treatment is excellent. Receptionist has always been friendly and positive when I enter the practice. Aisling is knowledgeable in my dental needs and it is clear she knows what she is doing.”
- “Aisling takes good care especially when I was pregnant.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Five staff submitted questionnaire responses to RQIA. All five staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

One comment included in a submitted questionnaire response is as follows:

- “Working at Aisling Lalor Dental Skin all the team go that extra mile to look after both the staff and the patients.”

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Lalor, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

6.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 16 July 2019	<p>The registered person shall address the following issues in relation to recruitment and selection:</p> <ul style="list-style-type: none"> • an AccessNI enhanced disclosure check must be undertaken for the identified staff member • AccessNI enhanced disclosure checks must be received prior to any new staff commencing work in the future • all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained for all staff who commence work in the future. <p>Ref: 5.9</p>
Response by registered person detailing the actions taken:	

	<p>An Enhanced Access NI Disclosure is now in place for that member of staff. The inspector has been furnished with the Access NI Disclosure reference number.</p> <p>I confirm that in future all documentation as regards new employees will be sought, documented and retained in the specific file as per Schedule 2 of The Independent Health Care Regulations (NI 2005) prior to the new employees clinical duties start date. n</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2019</p>	<p>The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection.</p> <p>Ref: 5.2</p> <hr/> <p>Response by registered person detailing the actions taken: I confirm that I have completed 20 hours of Concious Sedation Refresher training through an accredited agency ; Dental Sedation Courses. Once again I have furnished my inspector with the Certificate to verify my 20 hours of training. This has been added to the Concious Sedation file ready for future inspections.</p>

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



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