Announced Care and Variation to Registration Inspection Report
23 March 2021

Aiken Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
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Inspector: Carmel McKeegan

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

Aiken Dental Surgery is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice provides general dental services. An application to vary the registration was submitted to us by Mr James Aiken, Registered Person, in respect of Aiken Dental Surgery to increase the number of dental chairs from two to three.

3.0 Service details

Organisation/Registered Provider: Mr James Aiken	**Registered Manager:** Mr James Aiken
Person in charge at the time of inspection: Mr James Aiken	**Date manager registered:** 7 November 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Two increasing to three following this inspection

4.0 Inspection summary

We undertook a combined announced and variation to registration inspection on 23 March 2021 from 11:00 to 12:30.

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

Mr Phil Cunningham, RQIA senior estates inspector, completed a remote review of the application and supporting documents and approved the variation to registration application from an estates perspective.

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; infection prevention and control; decontamination of reusable dental instruments; the practice's 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 variation to registration, in respect of the increase in the number of registered dental chairs from two to three, was approved from a care and estates perspective following this inspection.

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 Mr Aiken, Registered Person, as part of the inspection process and can be found in the main body of the report. 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 17 October 2019

The most recent inspection of the establishment was an announced care inspection.

4.3 Review of areas for improvement from the last care inspection dated 17 October 2019

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
- the previous care inspection report, and
- the variation application and associated documents

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. This is discussed in section 6.9 of this report.

We undertook a tour of some areas of the premises and met with Mr James Aiken, Registered Person, and a dental nurse. We reviewed relevant records and documents in relation to the day to day operation of the practice and in respect of the variation application.

The findings of the inspection were provided to Mr Aiken 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 the application of the Health and Social Care Board (HSCB) operational guidance with Mr Aiken and 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 Mr Aiken and 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 on 03 March 2021. We found that this 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 of the premises including the new third dental surgery. We found that all areas of the practice were well maintained and fully equipped to meet the needs of patients.

We reviewed the new dental surgery and noted the flooring was impervious and coved where it meets the walls; cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices. We observed that a dedicated hand washing basin was provided and we were informed that a laminated/wipe-clean poster promoting hand hygiene would be provided close to the hand washing basin. We observed that adequate supplies of liquid soap, disinfectant rub/gel and paper towels were in place.

We noted that the sharps box was safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff told us that all used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff told us that the dental chair in the third surgery operates an independent bottled-water system which is subject to the same disinfection and maintenance regime as the other dental chairs in the practice. We confirmed that all dental unit water lines (DUWLs) were being appropriately audited and managed.

We observed that the clinical waste bin in each clinical area 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.

We found that all clinical areas were clean, tidy and work surface were intact and uncluttered.

Staff who spoke with us confirmed that Infection Prevention Society (IPS) audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. We confirmed 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 conventional needles and syringes were used by dentists, when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as is reasonably practicable. We confirmed that a risk assessment had been undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified.

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 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 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 mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We found that no new clinical staff members commenced work since the previous inspection. We confirmed that records were retained to evidence the Hepatitis B vaccination status of all clinical staff. Mr Aiken told us that all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to OH.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding IPC.

	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 confirmed that the decontamination of reusable dental instruments was being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

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.

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 found that appropriate equipment, including a washer disinfector, two DAC Universals 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. Staff confirmed that sufficient dental instruments were available to service the third dental surgery.

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 Additional areas examined.

6.5.1 Radiology and radiation safety

We observed an intra-oral x-ray machine had been installed in the new surgery.

Following installation, x-ray producing equipment is subject to a critical examination and acceptance test in accordance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018. We noted that this was completed for the x-ray machine in the new surgery. We confirmed that the critical examination report had been reviewed and endorsed by the Radiation Protection Advisor (RPA) during March 2021.

We were informed that the new intra-oral x-ray machine is under manufacturer's warranty and will be serviced and maintained in keeping with the manufacturer's instructions.

6.5.2 Statement of purpose

We confirmed that a Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

6.5.3 Patient Guide

We found the Patient Guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

6.6 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 Mr Aiken was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.7 Nitrous oxide risk assessment

Nitrous Oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures, or the treatment of particular individuals. On 6 September 2017 the Northern Ireland Adverse Incident Centre (NIAIC) issued an alert about the risks associated with nitrous oxide waste gases. This alert included specific actions to be taken by practices offering inhalational sedation.

On 3 February 2021 the Public Health Agency in conjunction with the HSCB issued a reminder of best practice guidance with regard to the NIAIC alert issued on 6 September 2017.

We were informed that inhalation sedation is not offered in the practice and, should they offer inhalation sedation in the future, they will adhere to best practice guidance as specified in the NIAIC alert.

6.8 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 Aiken and staff demonstrated that equality data collected was managed in line with best practice.

6.9 Patient and staff views

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were received by RQIA and we discussed this at inspection. Mr Aiken informed us that as the patient and staff posters had only been received the week prior to this inspection the practice did not have sufficient time to distribute questionnaires to patients. We apologised to Mr Aiken for this administrative oversight and offered to extend the time by which questionnaires could be submitted to RQIA. Mr Aiken felt this was not necessary.

We were assured that Mr Aiken continues to seek feedback from patients and staff on an ongoing basis. Staff who spoke with us stated there was good communication within the practice, staff felt well informed and supported and indicated they were very satisfied with the care and treatment provided by the practice.

6.8 Conclusion

As discussed in Section 4.0 of this report Mr Phil Cunningham, RQIA senior estates inspector, undertook a remote review of the premises section of the variation to registration application and approved the registration application from an estates perspective.

The variation to registration in respect of the increase in the number of registered dental chairs from two to three was approved from a care and estates perspective following this inspection.

6.9 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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