Announced Care Inspection Report
25 June 2019

Bovally Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Bovally House, Anderson Avenue, Limavady, BT49 0TF
Tel No: 028 7776 6980
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 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 five registered places.

3.0 Service details

Organisation/Registered Provider: Mr Leslie McKee	**Registered Manager:** Mr Leslie McKee
Person in charge at the time of inspection: Mr Leslie McKee	**Date manager registered:** 12 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 5

4.0 Action/enforcement taken following the most recent inspection dated 19 March 2019

The most recent inspection of the establishment was an announced follow up care inspection. The completed QIP was returned and approved by the specialist inspector.

4.1 Review of areas for improvement from the last care inspection dated 19 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 25 (1) **Stated:** Third time	The registered person must ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room.	**Met**
	Action taken as confirmed during the inspection: It was observed that a ventilation system has been installed in the decontamination room in accordance with advice provided by a representative from the Sustainable Development Engineering Branch (SDEB) at the DHSSPSNI, regarding the provision of a ventilation system in the decontamination room that is compliant with HTM 01-05.	

Area for improvement 2 **Ref:** Regulation 15 (2) **Stated:** First time	The registered person shall provide a copy of the washer disinfector validation certificate to RQIA.	**Met**
	Action taken as confirmed during the inspection: It was observed that since the previous inspection a new washer disinfector has been installed, a validation certificate for the new washer disinfector dated 18 June 2019 was in place.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that records are retained of the Hepatitis B immunisation history and status of all clinical staff.	**Met**
	Action taken as confirmed during the inspection: A record was in place which included up to date information of the Hepatitis B immunisation history for all clinical staff.	
Area for improvement 2 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that the blood/bodily fluid spillage kit has chlorine-releasing agents.	**Met**
	Action taken as confirmed during the inspection: A blood/bodily fluid spillage kit containing chlorine-releasing agents was in place.	
Area for improvement 3 **Ref**: Standard 14.2 **Stated:** First time	The registered person shall ensure that the waste storage room is locked to prevent unauthorised access.	**Met**
	Action taken as confirmed during the inspection: It was observed that the waste storage room was locked to prevent unauthorised access.	
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time	The registered person shall replace the bench of the clean set down area in the decontamination room.	**Met**
	Action taken as confirmed during the inspection: The work top bench of the clean set down area had been replaced and was seen to be compliant with HTM 01-05.	

Area for improvement 5 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that wall mounted paper towel dispensers are provided in clinical areas and toilet facilities. The use of fabric towels should cease.	**Met**
	Action taken as confirmed during the inspection: It was observed that wall mounted paper towel dispensers were provided in clinical areas and toilet facilities. The practice manager confirmed that fabric towels are not provided.	
Area for improvement 6 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that disposable aprons are available in all clinical areas.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and observation of clinical areas confirmed that disposable aprons were provided.	
Area for improvement 7 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that disposable gloves are appropriately disposed of and arrangements are made to monitor waste disposal.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and observation of clinical areas confirmed that used disposable gloves are disposed of in the appropriate waste receptacle.	
Area for improvement 8 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that general waste bins in surgeries and toilet facilities are pedal operated.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and observation of clinical areas and toilet facilities confirmed that general waste bins are pedal operated.	

Area for improvement 9 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that requests to validate decontamination equipment are made in a timely manner to ensure that validation is carried out when due.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr McKee and the practice manager demonstrated that a formal request is submitted to the equipment engineer well in advance of the validation renewal date. A record of all correspondence is maintained in this regard.	
Area for improvement 10 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that until such time as a washer disinfector data logger is provided, manual records are retained of the cycle parameters for each cycle of the machine as outlined in HTM 01-05.	**Met**
	Action taken as confirmed during the inspection: The practice manager confirmed that manual records had been retained prior to the installation of the new washer disinfector and records were available to evidence same. It was confirmed that all periodic tests and results are now recorded in the assigned logbook for each machine.	
Area for improvement 11 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that a fault history record is available in the steriliser logbook, full details of the daily automatic control test (ACT) for the steriliser are recorded and a system is established to identify when the soil test for the washer disinfector is due.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that a dedicated logbook is provided for each machine involved in the decontamination process. Staff were knowledgeable of the specific required periodic tests to be undertaken and recorded in respect of each machine and confirmed that should a fault occur that, full detail of the fault history will be recorded.	

5.0 Inspection findings

An announced inspection took place on 25 June 2019 from 10.00 to 12.20.

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 Mr McKee, registered person, an associate dentist, a dental nurse and the practice manager who facilitated the inspection. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr McKee and the practice manager 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, in the main, emergency medicines in keeping with the British National Formulary (BNF). Discussion took place regarding the provision of Adrenaline medication. Adrenaline was available in the single 500mcg dose, 300mcg dose and 150mcg dose in auto-injector format, however there was no provision in any strength to provide a second dose if required. An area improvement has been made to provide Adrenaline medication in sufficient quantity that a second 500mcg dose, 300mcg dose and 150mcg dose can be administered, if required.

Emergency equipment, as recommended by the Resuscitation Council (UK) guidelines, was retained, with the exception of an automated external defibrillator (AED). However, Mr McKee and staff confirmed that an AED is available at the medical centre situated within very close proximity to the practice. The practice has undertaken a risk assessment and simulated exercise to ensure that they have timely access to the AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines.

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 is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during November 2019.

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

Adrenaline medication should be provided in sufficient quantity that a second 500mcg dose, 300mcg dose and 150mcg dose can be administered, if required.

	Regulations	Standards
Areas for improvement	0	1

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.

Mr McKee confirmed that conscious sedation is not provided in any form.

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 on 14 March 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

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.

It was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic, as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable'. Mr McKee and staff confirmed that it is the responsibility of the user of sharps to safely dispose of them. Sharps risk assessments were not in place for each dentist who do not use safer sharps. Consideration should be given to the use of safer sharps. An area for improvement was made against the standards in this regard.

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

A risk assessment should be undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.

	Regulations	Standards
Areas for improvement	0	1

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.

As discussed, a review of the most recent IPS audit, completed on 14 March 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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 disinfector and two steam sterilisers, have been provided to meet the practice requirements. It was noted that a new washer disinfector and a new steriliser have been installed since the previous inspection. All the equipment used in the decontamination process had been appropriately validated, and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Records could not be located in respect of the most recent test of the pressure vessels. It was agreed that a copy of the most recent written scheme of examination inspection report, in respect of the pressure vessels, is provided to RQIA with the returned QIP. An area of improvement was made against the standards in this regard.

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

Ensure that a copy of the most recent written scheme of examination inspection report, in respect of the pressure vessels, is provided to RQIA with the returned QIP.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

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

Mr McKee, as 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. Mr McKee regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that the recommendations made have not been addressed. This was discussed with Mr McKee who confirmed that all the recommendations had been addressed however the relevant section had not been updated in the report. Mr McKee updated the relevant section of the report during the inspection.

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

Mr McKee stated that all dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

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

Review of the complaints policy and procedure identified that further development was needed to clearly outline the separate pathways for NHS patients and private patients of the onward referral route for stage two complaints. Advice was provided and Mr McKee confirmed that the complaints policy will be updated at the earliest opportunity. 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included 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. Mr McKee and staff confirmed that, whilst the practice has not received a patient complaint, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary.

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.

Mr McKee, registered person, 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 Mr McKee and staff.

5.9 Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All 11 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 11 patients also indicated that they were very satisfied with each of these areas of their care. The following comments were provided in submitted questionnaires:

- 'A wonderful team and an amazing dentist. Highly recommended.'
- 'Great service and very helpful, friendly staff.'
- 'Very good care by everyone.'
- 'Always well cared for. 1st class service.'
- 'Great practice, really happy with the treatment and the care I receive there.'

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

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr McKee, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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. 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 practice, RQIA would apply standards current at the time of that application.

6.1 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 31 July 2019	The registered person shall ensure that Adrenaline medication is provided in sufficient quantity that a second 500mcg dose, 300mcg dose and 150mcg dose can be administered, if required. Ref: 5.1
	Response by registered person detailing the actions taken: We have ordered a second supply of Epipens but at the minute they are on back order due to the shortage.
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 31 July 2019	The registered person shall ensure that a risk assessment is undertaken and documented by all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.3
	Response by registered person detailing the actions taken: All dentists have carried out risk assessments in regards to safer sharps.

Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time	The registered person shall ensure that a copy of the most recent written scheme of examination inspection report, in respect of the pressure vessels, is provided to RQIA with the returned QIP. Ref: 5.4
To be completed by: 19 August 2019	**Response by registered person detailing the actions taken:** We have contacted the company and we are waiting on them to get back to us with a date. As soon as we receive this we will let you know.

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

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