Announced Care Inspection Report
5 February 2021

Springfield Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 74 Springfield Road, Belfast, BT12 7AH
Tel No: 028 9032 2691
Inspector: Emer McCurry

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

This is a registered dental practice providing general dental services and NHS treatment with sedation.

3.0 Service details

Organisation/Registered Person: Mr Eamonn Toner	**Registered Manager:** Mr Eamonn Toner
Person in charge at the time of inspection: Mr Eamonn Toner	**Date manager registered:** 11 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Two

4.0 Inspection summary

We undertook an announced inspection on 5 February 2021 from 14:30 to 16:20 hours.

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).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of some areas of the premises, met with Mr Eamonn Toner, Registered Person and the practice receptionist. We reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies; infection prevention and control and the decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

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 Toner, 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 16 August 2019

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

4.3 Review of areas for improvement from the last care inspection dated 16 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time	**Area for Improvement:** The registered person shall ensure that Buccolam and Adrenaline should be available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF).	**Met**
	Action taken as confirmed during the inspection: We confirmed that Buccolam and Adrenaline were available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the British National Formulary (BNF).	

Area for improvement 2 **Ref:** Standard 8.3 **Stated:** First time	**Area for Improvement:** The registered person shall ensure that X-ray equipment is serviced by a competent person in accordance with the manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: We confirmed that X-ray equipment had been serviced in December 2020.	
Area for improvement 3 **Ref:** Standard 8.3 **Stated:** First time	**Area for Improvement:** The registered person shall ensure that X-ray grading audits are completed six monthly and retained for inspection.	**Met**
	Action taken as confirmed during the inspection: We confirmed that a X-ray grading audit was completed in February 2021 and will continue to be completed on a six monthly basis.	

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 returned QIP from the previous care inspection.

Electronic questionnaire links were provided by RQIA for staff and patients to complete prior to the inspection however, we were advised that they had not been provided by the practice due to an oversight of the information. Therefore there are no returned completed patient or staff questionnaires to analyse or discuss in section 6.7 of this report.

The findings of the inspection were provided to Mr Toner,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 with Mr Toner, and application of the Health and Social Care Board (HSCB) operational guidance. 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 however, advice was provided on the maintainence of the COVID-19 reference file.

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 with the exception of Glucagon medication. We found that the Glucagon was stored out of the fridge however, the expiry date had not been revised to reflect this. We discussed this with Mr Toner and following the inspection we received evidence that this issue had been addressed.

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 provided guidance in relation to the provision of Adrenaline medication in respect of re-stocking adrenaline in auto-injector (AAIs) format in keeping with reminder guidance (HSS(MD) 85/2020) issued by the DoH 10 December 2020.

We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available with the exception of size 0, size 1 and size 4 oropharyngeal airways.

We further advised Mr Toner to stock a sufficient supply of needles in various sizes to be able to administer Adrenaline doses in keeping with the BNF. Following the inspection we received evidence that these issues had been addressed.

We noted that a 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 were advised that staff last completed medical emergency refresher training during June 2019 however, we were advised that due to the impact of the COVID-19 pandemic refresher training had not been fully updated prior to the inspection. Mr Toner informed us that staff had undertaken theory training in February 2021 and they will attend a practical session in March 2021. We have been advised that this training will include first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These include; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated an 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.

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 and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We noted that the plastic protective cover on the dental chair in an identified dental surgery was not in a good state of repair. This was discussed with Mr Toner who agreed to review this.

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 established that staff within the practice were wearing fit tested FFP3 masks however, certificates to evidence this were not available on the day of inspection; evidence of fit testing was provided post inspection. We advised reviewing the storage and maintainence of masks in line with manufacturers guidance and best practice.

We established that re-usable gowns were currently being used when required for AGPs, however advice was provided to review the risk assessment, taking account of donning and doffing procedures and consider the potential use of disposable gowns.

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 PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process was undertaken by Mr Toner. Staff told us that the outcome of the audit was discussed during staff meetings. Mr Toner informed us 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 will be in place to ensure that staff receive 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 were informed that no new staff had been employed since the last inspection, and records are maintained to evidence Hepatitis B status. Mr Toner confirmed that he is aware that all newly recruited clinical staff members, who were 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 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 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 reviewed the most recent IPS audit, completed during July 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice. Evidence was provided post inspection that a further IPS audit had been undertaken in February 2021 and no issues had been identified.

We found that appropriate equipment, including a washer disinfector, a steam steriliser and a DAC universal 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, with the exception of the DAC universal which recorded only a weekly steam penetration test. We discussed reviewing the tests in keeping with HTM 01 -05, and evidence was submitted post inspection to reflect additional tests.

We found that Mr Toner was 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 Mr Toner was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the registered provider were not applicable.

	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. Mr Toner told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

Mr Toner confirmed that, on this occasion the practice had not shared the link to the electronic questionnaire with staff or patients prior to the inspection. Therefore no responses were received from staff or patients.

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

We identified no areas for improvement and a QIP is not required or included, as part of this inspection report.

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