Announced Care Inspection Report
16 August 2019

Springfield Dental Surgery

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

2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: 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:** 2

4.0 Action/enforcement taken following the most recent inspection dated 11 June 2018

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

5.0 Inspection findings

An announced inspection took place on 16 August 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 Mr Eamonn Toner, registered person, the receptionist and a dental nurse. A tour of the premises was also undertaken.

Three areas of improvement were identified against the standards, one area related to the provision of emergency medication; one area related to the servicing of radiography equipment and one area related to the completion of x-ray grading audits in keeping with best practice guidance.

The findings of the inspection were provided to Mr Toner 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) were retained. It was observed that Adrenaline was retained in auto-injectors. One dose of Adrenaline was provided in 150 micrograms and one dose in 300 micrograms. Four pre-filled syringes of Buccolam in 5 milligrams doses were retained. A discussion took place in relation to the procedure for the safe administration of Adrenaline and Buccolam and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and BNF. Mr Toner provided assurances that additional Buccolam and Adrenaline medication would be ordered immediately following the inspection. An area for improvement has been made against the standards in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways in sizes 0 and 1. Mr Toner confirmed that these items would be ordered immediately after the inspection.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and it was confirmed that the check list will be updated to include any new medication and all required emergency equipment.

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 on 12 June 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

Buccolam and Adrenaline should be available in the various doses and quantity needed as recommended by the HSCB and in keeping with the BNF.

	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 Toner confirmed that conscious sedation is provided. Inhalation sedation, known as relative analgesia (RA) is offered in this practice as a form of sedation.

A policy and procedure in relation to the management of conscious sedation is 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.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records and discussion with Mr Toner confirmed that arrangements have been established to ensure the RA equipment is serviced annually. Mr Toner confirmed that a nitrous oxide risk assessment had 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.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that all dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 12 June 2019 carried out by Mr Toner in conjunction with staff, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Toner confirmed that should areas for improvement be identified an action plan would be developed and any learning from audits is shared with staff at the time and discussed again during staff meetings.

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.

Review of the staff register identified that two new staff had been recruited since the previous inspection. Review of records in relation to both these staff members demonstrated that evidence of their Hepatitis B vaccination status was retained. These records had either been generated by the staff member's GP or by an occupational health department. Mr Toner was aware that newly recruited clinical staff members new to dentistry must be referred to occupational health.

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.

As discussed, a review of the most recent IPS audit, completed on 16 June 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, 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 had identified that information downloaded in respect of the DAC Universal was not provided in English and the service engineer had already been contacted 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

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, both of which have an intra-oral x-ray machine.

Mr Toner 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.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA on 19 July 2017 demonstrated that the recommendations made had been addressed at that time. However it was identified that the x-ray equipment had not been serviced in the last twelve month period, an area of improvement has been made against the standards in this regard.

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

Mr Toner is currently the only dentist working in the practice and he confirmed that he ensures radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording. It was noted that the most recent x-ray quality grading audit was last undertaken in June 2018, this audit should be undertaken six monthly. An area of improvement has been made against the standards in this regard.

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

X-ray equipment should by serviced by a competent person in accordance with the manufacturer's instructions.

X-ray grading audits should be completed six monthly and retained for inspection.

	Regulations	Standards
Areas for improvement	**0**	**2**

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.

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. An audit of complaints was 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.

Mr Toner 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 Toner and staff.

5.9 Patient and staff views

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. No completed patient questionnaires were returned to RQIA.

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 Eamonn Toner, 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 premises 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:** 16 August 2019	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). Ref: 5.1
	Response by registered person detailing the actions taken: Buccolam and adrenaline in the required doses have been purchased
Area for improvement 2 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 31 September 2019	The registered person shall ensure that X-ray equipment is serviced by a competent person in accordance with the manufacturer's instructions. Ref: 5.1
	Response by registered person detailing the actions taken: Function test has been booked with Dekark Limited to be carried out in the next week

Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 31 September 2019	The registered person shall ensure that X-ray grading audits are completed six monthly and retained for inspection. Ref: 5.1
	Response by registered person detailing the actions taken: X- ray grading audit has been carried out as required

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

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