

Inspection Report

18 August 2021



{My}dentist, Foyle Spa

Type of service: Independent Hospital – Dental Treatment

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website, and the <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered provider: IDH Acquisitions Limited	Registered manager: Mrs Erin McCafferty
Responsible individual: Ms Nyree Whitley	Date registered: 2 July 2018
Person in charge at the time of inspection: Ms Erin McCafferty	Number of registered places: Five
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: {My}dentist, Foyle Spa is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has five registered dental surgeries and provides general dental services, private and health service treatment with sedation (intravenous sedation). IDH Acquisitions Limited is the registered provider for six dental practices registered with RQIA. Ms Nyree Whitley is the Responsible Individual for IDH Acquisitions Limited.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 18 August 2021 from 9.55 am to 1.30 pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; management of conscious sedation; infection prevention and control; decontamination of reusable dental instruments; the practices' adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

One patient submitted a response. The patient indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led and that they were very satisfied with each of these areas of their care. The patient also commented on that they found staff to be friendly and welcoming, that costs of treatment were explained and that the dental team helped them to relax and they explained all treatment options.

Four staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and all four staff members indicated that they were very satisfied with each of these areas of patient care. One of the staff included a comment indicating that it was a great place to work in.

All staff spoken with talked about the practice in positive terms and no areas of concern were raised throughout the inspection.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to {My}dentist, Foyle Spa was undertaken on 20 November 2020; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures, that adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the practice.

IDH Acquisitions Limited have a corporate human resources (HR) shared services department. The corporate HR department supports registered managers during the recruitment process. The HR department are responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and issuing reference requests. The registered managers are responsible for ensuring all recruitment records have been sought and uploaded to the electronic HR system. Discussion with Mrs McCafferty confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information and was kept up to date and that nine staff had been recruited since 2019.

Four staff personnel files were reviewed and this evidenced that the relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance.

5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

IDH Acquisitions Limited has an electronic platform called 'Learning Management System' (LMS) and has developed mandatory training topics bespoke to different roles and responsibilities. Staff can access the LMS system and complete mandatory training during induction and when refresher training is due. Registered managers can access the LMS system and see an overarching training record for all staff in the practice.

Policies and procedures are in place that outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA. Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the registered manager, to ensure that the dental team are suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during August 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Mrs McCafferty confirmed that one dentist in the practice previously offered intravenous (IV) sedation to patients over the age of 18. Mrs McCafferty told us that the identified dentist ceased offering IV sedation during May 2021 and intends to reintroduce IV sedation once all members of the dental team involved complete Immediate Life Support (ILS) training. It is hoped this staff group will be able to complete ILS training by the end of the year.

The arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation were not reviewed during this inspection.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas. Mrs McCafferty told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. The lead had undertaken IPC training in line with their continuing professional development and had the necessary training certificates as evidence.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and retained in the staff members' personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. A review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

There were a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing; clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on; social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients; visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that the dental team have been entitled by the RPS for their relevant duties and have received training in relation to these duties. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The equipment inventory evidenced that the practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is a combined orthopan tomogram (OPG) and cone beam scanner (CBCT), which is located in a separate room.

A copy of the local rules was on display near each x-ray machine in the surgeries reviewed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within the timeframes specified in legislation. Separate RPA reports were generated for each piece of x-ray equipment. The RPA reports for the intra-oral x-ray machines were dated 21 May 2021 and the RPA report for the CBCT was dated 11 November 2020. Review of these reports evidenced that any recommendations made had been actioned.

The x-ray equipment has been serviced and maintained following the manufacturer's instructions during November 2011.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

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.

As discussed in section 1.0, {my}dentist, Foyle Spa is operated by IDH Acquisitions Limited. Ms Nyree Whitley is the Responsible Individual for IDH Acquisitions Limited and she nominates a member of the senior management team to undertake the unannounced quality monitoring visits on her behalf. Ms Whitley receives a copy of the report generated for review and sign off. We reviewed the most recent unannounced quality monitoring visit reports dated 9 June 2021. Mrs McCafferty stated that should these unannounced visits identify issues an action plan would be developed to address any deficits; including timescales and persons responsible for completing the actions. Mrs McCafferty also confirmed that these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance. Mrs McCafferty told us that IDH Acquisitions Limited operates a corporate patient support department and that patient complaints and or compliments are uploaded to an electronic system called 'my cases'.

The complaints policy and procedure provided clear instructions for patients and staff to follow. It noted that the policy specified that complaints should be investigated and response issued within 10 days of the complaint being received. It was suggested that this timeframe could be increased to 28 days in keeping with Health and Social Care (HSC) guidance. 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.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Mrs McCafferty confirmed that a complaints audit would be undertaken to identify trends, drive quality improvement and enhance service provision.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation and best practice guidance.

6.0 Conclusion

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Erin McCafferty, Registered Manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0

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