

Announced Care Inspection Report 30 January 2020



Hughes O'Boyle Dental Surgery (Newry)

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

Address: 14 Trevor Hill, Newry BT34 1DN

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Inspector: Steven Smith

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr Seamus Hughes	Registered Manager: Mr Seamus Hughes
Person in charge at the time of inspection: Mr Seamus Hughes	Date manager registered: 6 November 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.1 Review of areas for improvement from the last care inspection dated 5 September 2018

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 30 January 2020 from 10:00 to 13.00.

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 Seamus Hughes, registered person, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mr Hughes 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 emergency medicines, in general, were retained in keeping with the Health and Social Care Board (HSCB) guidance and British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the HSCB. A discussion took place with regards to the procedure for the safe administration of Buccolam and Mr Hughes was advised to increase the supply of this medicine accordingly. An area for improvement against the standards has been made in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. 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 May 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

Provide Buccolam pre-filled syringes in sufficient quantities and doses as recommended by the HSCB.

	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 Hughes confirmed that two types of conscious sedation are provided in the practice, intravenous (IV) sedation and inhalation sedation, known as relative analgesia (RA). Four dentists provide RA sedation. Mr Hughes confirmed that, in relation to IV sedation, a consultant anaesthetist visits the practice and prepares the patient for dental treatment. It was confirmed that IV sedation is only offered to persons over the age of 18.

A policy and procedure in relation to the management of conscious sedation is in place. Review of care records evidenced that the justification for using sedation was not being recorded. Consent for treatment; pre, peri and post clinical observations were recorded, with the exception of the American Society of Anesthesiologists (ASA) Grade for patients receiving IV sedation. Information was available for patients in respect of the treatment provided with the exception of an aftercare information leaflet for patients receiving IV sedation. An area for improvement against the standards has been made in relation to these identified issues. An amendment was required to the patient pre-treatment information leaflet for IV sedation, to include the name of the drug being administered, and Mr Hughes readily agreed to make this change.

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. Mr Hughes was advised that ongoing refresher training for all dental staff involved in conscious sedation was required and that records of training delivered should include information in relation to the topics and competencies covered. Mr Hughes readily agreed to implement this advice.

Mr Hughes confirmed that, in relation to IV sedation, a consultant anaesthetist visits the practice and prepares the patient for dental treatment. Additional information in respect of the recruitment of the visiting anaesthetist can be found in section 5.9 of this report. The consultant anaesthetist brings with him any medicines and equipment required and removes these from the practice the same day the treatment is completed. The practice does not have a robust system in place for checking the medicines and equipment brought by the consultant anaesthetist. Robust procedures should be in place to ensure the medicines and equipment used to provide IV sedation are in keeping with Conscious Sedation in The Provision of Dental Care (2003). This system should include the arrangements in respect of the ordering, administration, reconciliation and disposal of medicines used. An area for improvement against the standards has been made.

In relation to RA sedation the environment and equipment is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003). A review of records and discussion with Mr Hughes confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. Mr Hughes 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 RA sedation evidenced that in general dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

Care records should evidence the justification for using sedation and include the ASA Grade for patients receiving IV sedation. An aftercare information leaflet should be provided for patients receiving IV sedation.

Robust procedures should be in place to ensure the management of medicines and equipment used to provide conscious sedation is in keeping with Conscious Sedation in The Provision of Dental Care (2003).

	Regulations	Standards
Areas for improvement	0	2

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 during November 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by Mr Hughes who confirmed that any learning identified as a result of these audits is shared at staff meetings. It was suggested that all dental nurses contribute to the completion of the IPS audit; the inclusion of all dental nurses in the audit process will encourage shared ownership of IPC practice, and Mr Hughes readily agreed to this.

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 confirmed 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 should be used so far as is reasonably practicable.

A risk assessment has been undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them.

Review of personnel records demonstrated that evidence of the Hepatitis B vaccination status of clinical staff was retained. These records had either been generated by the staff member's GP or by an occupational health department. Mr Hughes confirmed that all newly recruited clinical staff members, new to dentistry, were automatically 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.

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 disinfectant, a DAC Universal and two steam sterilisers, has 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.

A review of equipment logbooks evidenced that some periodic tests had not been undertaken in keeping with HTM 01-05. Advice and guidance was shared with staff in relation to periodic tests in keeping with best practice. Mr Hughes was advised to ensure that the daily automatic control test (ACT) is undertaken and recorded in respect of all steam sterilisers; that a daily steam penetration test and weekly protein residue test is undertaken and recorded in respect of the DAC Universal. An area for improvement against the standards has been made 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

Periodic tests should be undertaken and recorded in keeping with HTM 01-05.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Hughes, as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. 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 Hughes 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, completed during January 2017, demonstrated that any recommendations made have been addressed. A further quality assurance check was completed by the RPA during the inspection.

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

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

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. Mr Hughes confirmed that whilst the practice has not received a complaint since the last care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary. Mr Hughes also confirmed that records of complaints would include 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.

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 Hughes 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 Hughes.

5.9 Recruitment and Selection

As discussed in section 5.2 of this report, Mr Hughes confirmed that a visiting consultant anaesthetist, who also works in the Southern Health and Social Care Trust, provides IV sedation to patients in the practice. Mr Hughes confirmed that this consultant anaesthetist works in the practice on at least a monthly basis and that there was no contract of employment or practising privileges agreement in place.

A telephone conference call was subsequently arranged between Mr Hughes and RQIA senior inspector Jo Browne on 12 March 2020 to discuss this arrangement. Mr Hughes confirmed again that he had not issued a contract of employment or granted practising privileges in relation to this consultant anaesthetist. Advice and guidance was provided in relation to these two options and Mr Hughes was advised to review his arrangements to ensure that they are in compliance with Regulation 18 and Regulation 19 of The Independent Health Care Regulations (NI) 2005.

An area for improvement against the regulations has been made in this regard.

Areas for improvement

Review the arrangements in relation to the visiting consultant anaesthetist providing IV sedation to patients in the practice to ensure that they are in compliance with Regulation 18 and Regulation 19 of The Independent Health Care Regulations (NI) 2005.

	Regulations	Standards
Areas for improvement	1	0

5.10 Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Both patients indicated that they were very satisfied with each of these areas of their care. A comment included in the returned patient questionnaires indicated a high level of satisfaction with the treatment, care and service provided by Hughes 'Boyle Dental Surgery, Newry.

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

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	4

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan QIP. Details of the QIP were discussed with Mr Hughes, registered person as part of the inspection process. The timescales commence from the date of inspection and the subsequent telephone conference call on 12 March 2020.

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 quality improvement plan (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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18 & 19 Stated: First time To be completed by: 09 April 2020	<p>The registered person shall review the arrangements in relation to the visiting consultant anaesthetist providing IV sedation to patients in the practice and ensure that they are in compliance with Regulation 18 and Regulation 19 of The Independent Health Care Regulations (NI) 2005.</p> <p>Ref: 5.9</p> <p>Response by registered person detailing the actions taken: The visiting consultant now complies with the above Regulations as discussed with Jo Browne.</p>
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: 27 February 2020	<p>The registered person shall provide Buccolam pre-filled syringes in sufficient quantities and doses as recommended by the HSCB.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Photographic evidence showing compliance of above Standard was sent to SS</p>
Area for improvement 2 Ref: Standard 8.6 Stated: First time To be completed by: 27 February 2020	<p>The registered person shall ensure the following, in keeping with Conscious Sedation in the Provision of Dental Care (2003):</p> <ul style="list-style-type: none"> Care records should evidence the justification for using sedation; Care records should include the ASA Grade for patients receiving IV sedation; An aftercare information leaflet should be provided for patients receiving IV sedation. <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: The above are all best practice and are stored/recorded in patient notes.</p>
Area for improvement 3	<p>The registered person shall ensure that robust procedures are in place to ensure the management of medicines and equipment in</p>

Ref: Standard 8.6 Stated: First time To be completed by: 27 February 2020	relation to conscious sedation is in keeping with Conscious Sedation in The Provision of Dental Care (2003). Ref: 5.2
Area for improvement 4 Ref: Standard 13.4 Stated: First time To be completed by: 31 January 2020	Response by registered person detailing the actions taken: There are robust procedures in place as outlined to Jo Browne. The registered person shall ensure that periodic tests are undertaken and recorded in keeping with HTM 01-05. Ref: 5.4 Response by registered person detailing the actions taken: All tests are now recorded in keeping with HTM 01-05

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



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