

# Announced Care Inspection Report

## 18 September 2020



## Kilrea Dental Surgery

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

**Address: 33 Maghera Street, Kilrea, BT51 5QL**

**Tel No: 028 2954 0248**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.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 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 with one registered place.

## 3.0 Service details

<b>Organisation/Registered Person:</b> Mr Roger Moles	<b>Registered Manager:</b> Mr Roger Moles
<b>Person in charge at the time of inspection:</b> Mr Roger Moles	<b>Date manager registered:</b> 27 February 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 4.0 Action/enforcement taken following the most recent inspection dated 25 March 2019

The most recent inspection was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 25 March 2019

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<b>Area for improvement</b> 1  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time	The registered person shall ensure that x-ray equipment is serviced and maintained in accordance with the manufacturer's instructions. Evidence of servicing should be retained for inspection.
	<b>Action taken as confirmed during the inspection:</b> We reviewed records and evidenced that the x-ray equipment has been serviced and maintained in accordance with the manufacturer's instructions.

## 5.0 Inspection summary

We undertook an announced inspection on 18 September 2020 from 10.00 to 11.15 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 the new premises, met with Mr Roger Moles, Registered Person; two dental nurses and a receptionist and 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; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

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

The findings of the inspection were provided to Mr Moles at the conclusion of the inspection.

## 5.1 Inspection outcome

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

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

Enforcement action did not result from the findings of this 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 and the application of the Health and Social Care Board (HSCB) operational guidance with Mr Moles and staff. 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.

**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. We noted that the Glucagon medication had exceeded the expiry date; this medication was re-ordered and replaced during the inspection. Previously Glucagon had been stored in the refrigerator with daily temperature readings recorded. Mr Moles confirmed that the new Glucagon will be stored alongside the other emergency medicines. A revised expiry date was recorded for the new Glucagon in accordance with the manufacturer's instructions.

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 also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

We noted arrangements were in place to ensure that emergency medicines and equipment do not exceed their expiry date, as previously stated the Glucagon medication is to be retained alongside the other emergency medications to reduce the risk of this medication exceeding the expiry date in the future. We confirmed all medications 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 reviewed training records and evidenced that medical emergency refresher training had been due to take place in April 2020. We were advised that due to the impact of the COVID-19 pandemic this training had to be re-arranged and is to take place in October 2020. We were told that previous medical emergency training sessions included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice.

These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good 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 should this occur.

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 further areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## **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 the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all areas of the practice were fully equipped to meet the needs of patients.

We established that personal protective equipment (PPE) was readily available. As a result of the COVID-19 pandemic a higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken. The HSCB guidance – Preparation for the Re-establishment of General Dental Services- Operational Guidance (updated 09 September 2020) specifies the level of PPE to be worn when AGPs are undertaken. The guidance states that an FFP3 mask should be worn and that an FFP2 mask can be worn if FFP3 masks are not available.

FFP3/FFP2 masks are respirator masks that cover 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/FFP2 masks offers the desired level of protection is for the wearer to be fit tested for a particular make and model of the mask.

We found that FFP2 masks were provided for all staff who are involved in providing dental treatment using AGPs. Mr Moles confirmed that at the time of sourcing PPE for resuming general dental practice, FFP3 masks were not available and FFP2 masks were sourced.



We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP2 masks.

Following the inspection there were further discussions between Mr Moles and RQIA regarding the provision of FFP3 and FFP2 masks. Mr Moles confirmed he has sought further clarity from the HSCB and the British Dental Association (BDA) regarding the provision of respirator masks and will keep this under review.

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 personal protective equipment; 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 involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. Mr Moles 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 were in place to ensure that staff received 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 confirmed that no new clinical staff member had commenced work since the previous inspection. Mr Moles was aware that all newly recruited clinical staff members, who were new to dentistry, should be 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## **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 confirmed that the decontamination of reusable dental instruments was being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

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 on 03 September 2020 and found that the audit had been completed in a meaningful manner and had identified both areas of good practice.

We found that appropriate equipment, including a washer disinfectant and two steam sterilisers 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.

We found staff were 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
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

### **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 Moles was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.



## 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 Moles told us that equality data collected was managed in line with best practice.

## 6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and eight patients submitted responses to RQIA. We found that all eight patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Staff are so friendly. XXXXX has so much time/patience with my young kids. Great advice and care is always given.”
- “Excellent professional service in an extremely safe, clean environment.”
- “Dentist, I recommend very highly, goes above and beyond his care of duty. Staff are very nice and reassuring.”

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

## 6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 Quality improvement plan

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care