Announced Care Inspection Report
11 March 2020

Spylaw Ltd T/A Moira Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 77 Main Street, Moira, BT67 0LH
Tel No: 028 9261 2836
Inspector: Steven Smith

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: Spylaw Ltd T/A Moira Dental Care **Responsible Individual:** Ms Marilyn Todd	**Registered Manager:** Ms Marilyn Todd
Person in charge at the time of inspection: Ms Marilyn Todd	**Date manager registered:** 22 September 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Action/enforcement taken following the most recent inspection dated 23 November 2018

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

4.1 Review of areas for improvement from the last care inspection dated 23 November 2018

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

5.0 Inspection findings

An announced care inspection took place on 11 March 2020 from 13:30 to 17:00

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 Ms Marilyn Todd, responsible individual, Mr Simon Ingram, company director for Spylaw Ltd, an associate dentist and two dental nurses. The inspection was facilitated by Mr Ingram. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Todd and Mr Ingram at the conclusion of the inspection.

5.1 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 Ingram was advised to increase the supply of Buccolam accordingly. Following the inspection RQIA received evidence via email to confirm that the supply of Buccolam had been increased as advised.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 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

Further to information submitted following the inspection, no areas for improvement were identified.

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

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 Ingram confirmed that two types of conscious sedation are provided, intravenous (IV) sedation and inhalation sedation, known as relative analgesia (RA). Two dentists provide sedation and 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 the environment and equipment evidenced that, generally, conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003). The equipment used to monitor the clinical observations of patients receiving IV sedation had not been calibrated. Mr Ingram was advised to review the arrangements for maintenance of this equipment and readily agreed to do so. Following the inspection RQIA received evidence via email to confirm that this equipment had been replaced.

Information was available for patients in respect of the treatment provided and aftercare arrangements. Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Mr Ingram was advised to revise the template used to record all subsequent RA sedation treatments, to include all relevant components in accordance with Conscious Sedation in The Provision of Dental Care (2003), and readily agreed to do so. The consent forms for patients receiving treatment under sedation did not include the names of the medicines being administered. Mr Ingram was advised to make necessary amendments to demonstrate that informed consent has been obtained. The revised care record template for RA sedation and consent forms were submitted to RQIA via email following the inspection.

Mr Ingram confirmed 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. Some training records were not available for review however they were subsequently submitted to RQIA via email following the inspection.

A review of records confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. 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.

Medicines used during IV sedation were appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these drugs.

Areas of good practice

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

Areas for improvement

Further to information submitted following the inspection, no areas for improvement were identified.

	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 during October 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mr Ingram 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 the decontamination lead nurse, and Mr Ingram confirmed that any learning identified as a result of these audits is shared at 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.

It was confirmed that conventional needles and syringes are used by the dentists when administering local anaesthetic, as opposed to using safer sharps. 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 Ingram 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

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 two washer disinfectors, two steam sterilisers and a DAC Universal, 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. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the daily automatic control test (ACT) and weekly protein residue test for the DAC Universal. Advice and guidance was shared with staff in relation to periodic tests in keeping with best practice. 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, in general, 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 for the identified decontamination equipment must be undertaken in keeping with HTM 01-05.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.5 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 Ingram confirmed that Ms Todd, as 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. Ms Todd 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 September 2019, demonstrated that any recommendations made have been addressed.

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. Mr Ingram was reminded that the x-ray quality grading audit should be carried out six monthly, as it was noted to have been over six months since the previous audit. Mr Ingram confirmed that six monthly x-ray quality grading audits would be reintroduced.

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. Minor amendments were required to ensure that it was in accordance with legislation and DoH guidance on complaints handling, and this revised policy and procedure was submitted to RQIA via email following the inspection.

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. Mr Ingram confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision as necessary.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

Further to information submitted following the inspection, no areas for improvement were identified.

	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.

Ms Todd is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 Ingram.

5.9 Patient and staff views

One patient submitted a questionnaire response to RQIA and indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care.

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**	**1**

6.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Marilyn Todd, responsible individual, and Mr Simon Ingram, company director for Spylaw Ltd, 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 the area for improvement identified within the QIP is 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 13.4 **Stated:** First time **To be completed by:** 12 March 2020	The registered person shall ensure that periodic tests for the identified decontamination equipment are undertaken in keeping with HTM 01-05. Ref: 5.4
	Response by registered person detailing the actions taken: A record of test will be logged and dated along with the results of test, to be able to trace any lowering of standards of the decon equiptment.

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

The Regulation and Quality Improvement Authority

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
Web www.rqia.org.uk
@RQIANews