

Announced Care Inspection Report 20th August 2019



Moy Orthodontic Clinic

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

Address: 31 The Square, Moy, BT71 7SG

Tel No: 028 8778 4827

Inspector: Emily Campbell

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 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 providing orthodontic care and treatment.

3.0 Service details

Organisation/Registered Provider: Moy Orthodontic Clinic Limited	Registered Manager: Ms Eimear Mcllvanna
Responsible Individual: Ms Eimear Mcllvanna	
Person in charge at the time of inspection: Ms Eimear Mcllvanna	Date manager registered: 14 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Action/enforcement taken following the most recent inspection dated 21 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 20 August 2019 from 10:25 to 12:05.

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 Eimear Mcllvanna, 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 Ms Mcllvanna 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 keeping with the British National Formulary (BNF), and 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 November 2018.

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

No areas for improvement were identified during the inspection.

	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.

Ms McIlvanna confirmed that conscious sedation is not provided.

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. Ms McIlvanna advised that she has developed a refurbishment plan to replace the chairs in surgeries that are used by family members whilst their relation is being treated.

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 August 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified.

The audits are carried out by the lead decontamination nurse and it was confirmed that any learning identified as a result of these audits is shared with staff.

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.

Ms McIlvanna advised that a new clinical staff member had been recruited since the previous inspection and a referral had been made to the occupational health department. Ms McIlvanna confirmed that she retains a record of the Hepatitis B vaccination status of all clinical staff.

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.

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, with the exception of processing compatible dental handpieces through the washer disinfectant. Handpieces had previously been decontaminated in a DAC Universal, which incorporated the function of a washer disinfectant and a steriliser; however, this was decommissioned in June 2019. Ms McIlvanna confirmed by email on 20 August 2019 that arrangements had been made for compatible handpieces to be processed through the washer disinfectant.

Appropriate equipment, including a washer disinfectant and a steam steriliser, 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.

Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the detail of the daily automatic control test (ACT) in respect of the steriliser. It was noted in previous records that the ACT had been recorded; however this section had been removed from the template currently in use. Ms McIlvanna confirmed by email on 23 August 2019 the previous recording template had been reinstated which includes the detail of the ACT.

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

Further to information received, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG) with lateral cephalogram, which are located in a separate room.

Ms McIlvanna is the radiation protection supervisor (RPS) and 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. Ms McIlvanna 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 in November 2017 demonstrated that any recommendations made have been signed off as being addressed.

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

The RPS takes 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. Although justification and clinical evaluation recording audits are undertaken in respect of each practitioner, they are collated into one overall audit. It was agreed that future audits would be reflected for each individual practitioner.

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 available to patients.

No complaints have been received since the previous inspection, however, discussion with Ms McIlvanna and staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. This will include records of complaints, details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Ms McIlvanna confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

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.

Ms McIlvanna 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 Ms McIlvanna and staff.

5.9 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in questionnaire responses:

- “Everything was efficient and carried out with great care.”
- “A very pleasant surgery to visit. Staff always lovely and very happy.”
- “Excellent care and attention to treatment, lovely staff, couldn’t be better.”
- “Compassionate, professional and effective service from front desk to ... - highly recommend!”
- “Excellent treatment by very competent staff.”

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	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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