Announced Care Inspection Report
6 March 2019

Moyle Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 137 Old Glenarm Road, Larne, BT40 1NH
Tel No: 028 2827 3737
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 2018/19 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
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Fergus Lynch **Responsible Individual:** Mr Fergus Lynch	**Registered Manager:** Mr Fergus Lynch
Person in charge at the time of inspection: Mr Fergus Lynch	**Date manager registered:** 10/05/2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 27 October 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 27 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 19 (2) Schedule 2, as amended **Stated:** First time	The registered person shall ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future. Confirmation that a satisfactory AccessNI enhanced disclosure check has been received in respect of the identified staff member should be submitted to RQIA.	**Met**

	Action taken as confirmed during the inspection: Discussion with Mr Lynch confirmed that AccessNI enhanced disclosure checks will be undertaken and received prior to any new staff, including self-employed staff, commencing work in the future. Review of documents confirmed that a satisfactory AccessNI enhanced disclosure check had been received in respect of the identified staff member was submitted to RQIA on 24/11/2017.	
Area for improvement 2 **Ref:** Regulation 19 (2) Schedule 2 **Stated:** First time	The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is available for review by inspectors.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Lynch and review of documents confirmed that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was available for review by inspectors.	
Area for improvement 3 **Ref:** Regulation 15 (2) b **Stated:** First time	The registered person shall ensure that all x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: Review of documents confirmed that x-ray equipment was serviced in accordance with the manufacturer's instructions.	
Area for improvement 4 **Ref:** Regulation 15 (2) b **Stated:** First time	The registered person shall ensure that the relative analgesia (RA) machine is serviced and maintained in keeping with manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Lynch confirmed that the relative analgesia (RA) machine is no longer maintained or used in the surgery.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that all staff receive training in safeguarding children and adults in keeping with best practice and as outlined in the Minimum Standards for Dental Care and Treatment 2011.	**Met**
	Action taken as confirmed during the inspection: Review of documents and discussion with Mr Lynch confirmed that training in safeguarding children and adults was provided to all staff on the 15th December 2017.	
Area for improvement 2 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that the safeguarding policies are updated to fully reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.	**Met**
	Action taken as confirmed during the inspection: Review of documents and discussion with Mr Lynch confirmed that safeguarding policies have been updated to fully reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Mr Lynch confirmed that these policies were shared with all staff during training.	
Area for improvement 3 **Ref**: Standard 12.2 **Stated:** First time	The registered person shall ensure that training for all staff in the management of medical emergencies is updated on an annual basis in keeping with best practice guidance.	**Met**
	Action taken as confirmed during the inspection: Review of documents and discussion with Mr Lynch confirmed that training for all staff in the management of medical emergencies was updated on the 16th November 2017.	

5.0 Inspection findings

An announced inspection took place on 6 March 2019 from 09.30 to 11.45.

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 Fergus Lynch, registered person and two dental nurses. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Lynch 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 and BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam. Mr Lynch was advised to increase the supply of Buccolam accordingly. An area for improvement against the regulations has been made.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). A community AED, located in commercial premises opposite the practice, is available for use during practice opening hours.

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

Ensure Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF.

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

5.2 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, were clean, tidy and uncluttered.

The torn panel on the identified dental chair in the ground floor surgery should be repaired. A washable cover should be provided for the identified computer keyboard in the upstairs surgery.

Evidence of completion of audit to monitor compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool was not available for review. This was discussed with Mr Lynch and it was advised that a meaningful audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken at least six monthly and any deficits identified should be addressed.

An area for improvement against the standards has been made in relation to these IPC issues.

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.

Mops and buckets used for cleaning in the practice are clearly labelled to indicate areas for use. Mr Lynch was advised to consider application of the National Patient Safety Agency (NPSA) guidelines for colour coding when next changing these items.

Areas of good practice

The practice, including the clinical and decontamination areas, were clean, tidy and uncluttered.

Areas for improvement

Repair the torn panel on the identified dental chair in the ground floor surgery.

Provide a washable cover for the computer keyboard in the upstairs surgery.

Ensure an audit of compliance with HTM 01-05 using the IPS audit tool is undertaken at least six monthly and that any deficits are addressed. Learning identified as a result of these audits should be shared with staff during staff meetings. Records of the audits should be retained and made available for inspection.

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

5.3 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.

As previously stated; evidence of the completion of audit to monitor compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool was not available for review, and an area for improvement against the standards has been made.

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 and sterilised following use in keeping with best practice guidance as outlined in HTM 01-05. It was observed that all of the wrapped, sterilized instruments stored in the decontamination room were not labelled to indicate either the date of sterilisation or the date by which they should be used. Mr Lynch was advised that a system should be put in place to ensure that the 12 month storage time is not being exceeded. An area for improvement against the regulations has been made.

Appropriate equipment, including a washer disinfector and steam steriliser have 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 and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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

The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Areas for improvement

Ensure that the date by which wrapped, sterilised instruments should be used is clearly indicated on the packaging. A system should be put in place to ensure that the 12 month storage time is not being exceeded.

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

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has two 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 Lynch, as the 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 relevant information was in place. The radiation protection supervisor (RPS) 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. The report of the most recent visit by the RPA was not available for review. An area for improvement against the standards has been made.

There was no evidence to confirm that the x-ray equipment had been serviced and maintained in accordance with the manufacturer's instructions. Following the inspection RQIA received evidence by electronic mail to confirm that servicing and maintenance of the x-ray equipment had been completed during March 2019.

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.

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

The report of the most recent visit by the RPA must be made available for review by RQIA.

Evidence of compliance with any recommendations made by the RPA must be provided and retained for inspection.

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

5.5 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 Lynch.

5.6 Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All patients indicated that they 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:

- "Mr Lynch and his staff are excellent. I and my family have great faith in his expertise."
- All aspects of Moyle Dental Care are excellent – including the décor and general ambience."

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**2**	**2**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Lynch as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 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 15 (6) **Stated:** First time **To be completed by:** 6 April 2019	The registered person shall ensure that Buccolam pre-filled syringes are available in sufficient quantities and doses as recommended by the HSCB and BNF. Ref: 5.1
	Response by registered person detailing the actions taken: Both 7.5mg and 2.5mg syringes will be retained. The Board is currently considering more efficient options.
Area for improvement 2 **Ref:** Regulation 15 (3) **Stated:** First time **To be completed by:** 6 April 2019	The registered person shall ensure that the date by which wrapped, sterilised dental instruments should be used is clearly indicated on the packaging. A system should be put in place to ensure that the 12 month storage time is not being exceeded. Ref: 5.3
	Response by registered person detailing the actions taken: This has been addressed.

<table>
<tr><th colspan="2">Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 13.2

Stated: First time

To be completed by:
6 May 2019</td><td>The registered person shall ensure that:

• The torn panel on the identified dental chair in the ground floor surgery is repaired

• A washable cover is provided for the computer keyboard in the upstairs surgery

• An audit of compliance with HTM 01-05 using the IPS audit tool is undertaken at least six monthly and that any deficits are addressed. Records of the audits should be retained and made available for inspection

Ref: 5.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
This small crack in the fabric of this infrequently used chair has been repaired and a disposable cover is now used. The keyboard now has a silicone washable cover. The IPS audit was already undertaken at six monthly intervals as the inspector was informed but a record will now be retained electronically</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 8.3

Stated: First time

To be completed by:
6 April 2019</td><td>The registered person shall ensure that the report of the most recent visit by the RPA is made available for review by RQIA. Evidence of compliance with any recommendations made by the RPA must be provided and retained for inspection.

Ref: 5.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
A copy will be retained for inspection.</td></tr>
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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