

Announced Care Inspection Report 10 February 2021



Tandragee Dental Surgery Limited

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

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Inspector: Winnie Maguire

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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 two registered places providing general dental services private and National Health Service (NHS) treatment without sedation.

3.0 Service details

Organisation/Registered provider: Tandragee Dental Surgery Limited Responsible Individual: Mr Bryan Wright	Registered manager: Ms Heather Burnett
Person in charge at the time of inspection: Mr Bryan Wright	Date manager registered: 23 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Inspection summary

We undertook an announced inspection on 10 February 2021 from 10:00 to 12.30 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.

We undertook a tour of the premises, met with Mr Bryan Wright, Responsible Individual, Ms Heather Burnett, Registered Manager, two dental nurses and one receptionist; 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.

4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Wright and Ms Burnett, as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 February 2020

The most recent inspection of the establishment was an announced care inspection.

4.3 Review of areas for improvement from the last care inspection dated 25 February 2020

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

5.0 How we inspect

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

We forwarded electronic questionnaires for patients prior to the inspection to be distributed by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. No returned completed patient and staff questionnaires were received and this is discussed in section 6.8 of this report.

The findings of the inspection were provided to Mr Wright and Ms Burnett at the conclusion of the 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 with Mr Wright and Ms Burnett, and application of the Health and Social Care Board (HSCB) operational guidance. 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 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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available with the exception of the following items which had exceeded their expiry dates, size 4 oropharyngeal airway, adult and paediatric oxygen masks and automated external defibrillator adult and paediatric pads. Following the inspection we received evidence that all these items had been ordered.

We noted a system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency. We offered advice on strengthening this system by the inclusion of all items of emergency equipment and their expiry dates on the monthly checklist.

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 staff last completed online medical emergency refresher training on 21 January 2021 and onsite refresher training is scheduled for 10 March 2021. We found that this training 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.

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 areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

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 in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 mask is a respirator mask that covers 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 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We established that re-useable gowns are used in the practice and are laundered on site.

We reminded Mr Wright that laundering arrangements must be in accordance to Health and Social Care Board - 'Preparation for the Re-establishment of the General Dental Services-Operational Guidance' 2 February 2021. Mr Wright agreed to undertake a review to ensure compliance with the current guidance.

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 PPE; 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 Wright and Ms Burnett 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 noted that no new clinical staff had been recruited during 2020. We confirmed that records were retained to evidence staff Hepatitis B vaccination status. Mr Wright and Ms Burnett told us that they were aware that all newly recruited clinical staff members, who were new to dentistry, should be automatically 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
Areas for improvement	0	0

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 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 30 August 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.

We found that appropriate equipment, including a washer disinfecter and a steam steriliser 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
Areas for improvement	0	0

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

6.6 Nitrous oxide risk assessment

Nitrous Oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures, or the treatment of particular individuals.

On 6 September 2017 the Northern Ireland Adverse Incident Centre (NIAIC) issued an alert about the risks associated with nitrous oxide waste gases. This alert included specific actions to be taken by practices offering inhalational sedation.

On 3 February 2021 the Public Health Agency in conjunction with the HSCB issued a reminder of best practice guidance with regard to the NIAIC alert issued on 6 September 2017.

We discussed the NIAIC alert with Mr Wright and Ms Burnett who told us that inhalation sedation is no longer offered in Tandragee Dental Practice and that should they offer inhalation sedation in the future they will adhere to best practice guidance as specified in the NIAIC alert.

6.7 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 Wright and Ms Burnett told us that equality data collected was managed in line with best practice.

6.8 Patient and staff views

We forwarded electronic questionnaires for patients prior to the inspection to be distributed by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. We did not receive any returned patient or staff questionnaires prior to the inspection. We established during the inspection that the practice had not accessed the email from RQIA as the email account on record was no longer in active use. We received details of a new email address and following inspection forwarded the electronic questionnaires to the new email account. However no returned questionnaires were received.

We ensured the practice's details as held by RQIA were updated to include the new email account.

6.9 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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



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