The Regulation and Quality Improvement Authority

Inspection Report

12 September 2024

DentaMed Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 6 Monaghan Court, Newry, BT36 6BH
Telephone number: 078 9154 5404

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/, The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: DentaMed Newry Limited **Responsible Individual:** Ms Zivile Kviklyte	**Registered Manager:** Ms Zivile Kviklyte **Date registered:** 2 November 2017
Person in charge at the time of inspection: Ms Zivile Kviklyte	**Number of registered places:** One
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: DentaMed Dental Care is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has one registered dental surgery and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2024, from 11.00 am to 3.30 pm by two care inspectors.

RQIA received information that raised concerns in relation the following areas; the thoroughness of clinical record keeping and the potential risk this poses to patients; poor practice in relation to infection prevention and control (IPC); the decontamination of reusable dental instruments; alleged re-use of single-use items; management of clinical waste; management of dental unit water lines (DUWLs); the provision of emergency medicines and staff recruitment. It was also alleged that a staff member had worked outside of their professional scope of practice.

The allegation that a staff member had worked outside of their scope of practice was reviewed and discussed with Ms Kviklyte who refuted this allegation. There was insufficient documentary evidence to make a determination in respect of this allegation.

This information shared with RQIA formed the main focus of the inspection. Concerns around the thoroughness of clinical record keeping and the potential risk this poses to patients.

As a result of discussion with staff and review of records the standard of clinical record keeping; the arrangements for the decontamination of reusable dental instruments and recruitment records were found to be non-complaint with the legislation and best practice guidance.

Given the seriousness of the concerns identified at the inspection, a meeting was held on 30 September 2024 with the intention of issuing three Failure to Comply (FTC) notices under The Independent Health Care Regulations (Northern Ireland) 2005:

- Regulation 21 (1) relating to clinical record keeping
- Regulation 15 (1) (c) and (3) relating to the decontamination of reusable dental instruments
- Regulation 19 (2) (a) relating to the provision of staff recruitment records

As a result of the actions taken by Ms Kviklyte, and the assurances provided during the meeting, the Failure to Comply Notice under Regulation 15 (1) (c) and (3) was not served. Areas for improvement have been made in the Quality Improvement plan (See Section 6.0).

However, RQIA were not satisfied with the standard of clinical record keeping and the potential risk this poses to patients. As a result, a Failure to Comply notice (FTC000224) was issued under Regulation 10 (1) with the date of compliance to be achieved by 03 December 2024.

RQIA were also concerned that staff recruitment was not being undertaken in keeping with legislation. As a result, a Failure to Comply notice (FTC000225) was issued under Regulation 19 (2) (a) with the date of compliance to be achieved by 03 December 2024.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

This inspection identified two areas for improvement against the regulations; one to ensure a risk assessment is completed when the use of a safer sharp device is not deemed practical and one to ensure that a risk assessment is in place to outline the protective measures for any clinical staff member who has not completed the Hepatitis B vaccination programme.

Six further areas for improvement were identified against the standards in relation to; the storage of cleaning equipment and maintaining cleaning records; the arrangements to revalidate decontamination equipment; ensuring all reusable dental instruments are processed in accordance with best practice; ensuring emergency medicines are provided in keeping with best practice and ensuring staff complete management of medical emergency training on a least an annual basis.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

As this was an unannounced inspection posters were not issued to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

We spoke to staff on the day of inspection and no issues were raised in respect of patient care.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to DentaMed Dental Care was undertaken on 1 December 2023, no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Do patient clinical notes comply with legislation and best practice guidance?

It was confirmed that patient records are held electronically. A review of electronic records of a random sample of patients dating back several years evidenced that a contemporaneous record of dental treatment provided to patients during appointments had not being consistently recorded.

Inspectors noted that clinical treatment records did not consistently evidence that medical histories had been updated, that treatment plans or options were discussed with the patients, details of treatment provided was not always recorded for specific appointments, consent for treatment was not always recorded and it was not evident if treatment plans were ongoing or had been completed.

The absence of clinical records presents a significant concern. These findings were discussed with Ms Kviklyte at the meeting on 30 September 2024 and a Failure to Comply Notice under Regulation 10 (1) was served outlining specific actions to be taken to comply with the regulation.

5.2.2 Do recruitment and selection procedures comply with all relevant legislation?

Ms Kviklyte informed us that she oversees the recruitment and selection of the dental team and approves all staff appointments. The inspection team requested to review the staff register and the recruitment records of staff who had commenced work in the practice since the previous inspection. Ms Kviklyte informed us that in the interest of confidentiality staff personnel files and the staff register are not kept in the dental practice. Ms Kviklyte confirmed that since the previous inspection two staff members had commenced work in the practice and that recruitments checks had been undertaken.

One new staff member was present at the time of this inspection who confirmed that they had been provided with a job description and received induction training when they commenced work in the practice.

It was agreed that the staff register would be provided to RQIA by email and that arrangements would be made for RQIA to review the recruitment records for the identified staff members.

On 19 September 2024, RQIA received a copy of the staff register. A review of this document evidenced that required information was not provided in keeping with Schedule 3 Part III (6) of The Independent Health Care Regulations (Northern Ireland) 2005. Advice was provided to Ms Kviklyte in this regard.

It was arranged that Ms Kviklyte would present the staff register and the identified staff members recruitment records at the meeting on 30 September 2024. At the meeting the updated staff register was reviewed and was seen to contain all required information, the register confirmed that two staff members had been appointed as advised. Both staff member's recruitment records were reviewed and RQIA were unable to evidence that pre-employment checks to include an AccessNI Enhanced Disclosure check had been sought and reviewed prior to the identified individuals commencing work in the practice.

Other significant shortcomings were identified in the recruitment process and RQIA were concerned that staff recruitment was not being undertaken in keeping with legislation. This lack of governance and oversight of the recruitment process has the potential to place patients at risk. As a result, a Failure to Comply notice (FTC000225) was issued under Regulation 19 (2) (a) with the date of compliance to be achieved by 03 December 2024.

5.2.3 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements throughout the practice were reviewed and discussed with Ms Kviklyte and staff.

It was confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and their training certificate was retained.

During a tour of the practice, it was observed that the dental surgery and decontamination room were clean, tidy and uncluttered. It was noted that a storage room adjoining the dental surgery was cluttered; used sharps waste containers and a household waste bag, along with a range of other items, were stored on the floor thereby preventing effective cleaning of this area. This was discussed with Ms Kviklyte and following the inspection RQIA received photographic confirmation that the store room had been decluttered and the floor free from storage to facilitate effective cleaning.

A review of waste management arrangements identified that clinical waste, awaiting collection, is stored in separate area. Ms Kviklyte advised that clinical waste and used sharps containers are collected every two weeks. Evidence of the DentaMed Dental Care contract with the waste management provider was not available for review. It was agreed that this information would be provided to RQIA. On 19 September 2024 RQIA received a copy of the waste management contract. A review of this document confirmed the contract is dated 28 September 2023 with the agreed collection arrangements stated.

The arrangements for environmental cleaning of the dental practice were reviewed and discussed with Ms Kviklyte and staff. Colour coded cleaning equipment was provided in keeping with the National Patient Safety Agency. It was noted that the cleaning equipment was stored beside a handwashing area outside the decontamination room. Ms Kviklyte was advised that the cleaning equipment should be stored in a suitable location away from the clinical and decontamination areas. On 19 September 2024 RQIA was informed that the cleaning equipment had been removed and was being stored in an appropriate area. An area for improvement has been made against the standards to ensure that cleaning equipment is stored in keeping with best practice guidance at all times.

Cleaning schedules and records to verify that general environmental cleaning was being undertaken were not available. Ms Kviklyte and staff confirmed that daily, weekly and monthly cleaning tasks are undertaken but records had not been kept in this regard. A written protocol outlining the start and end of day cleaning of the dental surgery was available, however records had not been maintained to verify that this cleaning had taken place. Advice and guidance was provided to Ms Kviklyte. An area for improvement has been made against the standards to ensure cleaning schedules are implemented and cleaning records are completed and retained.

It was noted that a cleaning product was being decanted from the original container to a smaller bottle for use in the surgery. Ms Kviklyte was advised that the decanting of any cleaning products should cease and advice was provided in respect of Control of Substances Hazardous to Health (COSHH) Regulations. On 19 September 2024 RQIA received written confirmation that the decanting of cleaning materials had ceased and all cleaning materials will be kept in the original container.

Dedicated hand washing basins were in place with hand hygiene signage displayed. It was noted that liquid hand soap, alcohol hand sanitiser and wall mounted disposable hand towel dispensers were provided in keeping with best practice guidance.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided. A review of stock evidenced that PPE was provided in sufficient quantity to meet the needs of the practice.

The management of the dental unit water lines (DUWLs) was discussed and it was evidenced that arrangements were in place for daily decontamination of the DUWLs in keeping with the manufacturer's instructions.

Using the Infection Prevention Society (IPS) audit tool, IPC audits should be undertaken six monthly by a member of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of relevant records evidenced that this audit had been undertaken six monthly in 2023 and was due to be completed in July 2024. Ms Kviklyte confirmed that this audit had not yet been undertaken. Ms Kviklyte gave a commitment to completing this and following the inspection RQIA received a copy of the summary of report of the IPS audit findings with points of action to address any improvements required.

It was identified that conventional needles and syringes are used by dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable;'. Ms Kviklyte confirmed that it is the responsibility of the primary user of sharps to safely dispose of them. A sharps risk assessment was not in place for the dentist to indicate the steps they take to reduce the risk of sharps injuries occurring. An area for improvement has been made against the regulations to ensure a risk assessment is completed when a safer sharp is not deemed practical this should be signed by the treating dentist. Ms Kviklyte was advised that the use of safer sharps should be considered.

The Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. Arrangements should be in place to ensure that relevant members of the dental team have received this vaccination. As discussed, staff personnel files were not available for review. Records provided to RQIA following the inspection verified that two staff members had a full vaccination history in place.

Ms Kviklyte informed us that one clinical staff member had not yet completed their Hepatitis B vaccination programme. A discussion took place regarding measures that should be in place for a clinical staff member who has not completed the Hepatitis B vaccination programme. Ms Kviklyte was advised that a risk assessment should be in place to reduce the risks from exposure prone procedures (EPPs) and appropriate measures put in place to protect the individual. An area for improvement has been made against the regulations to ensure that a risk assessment is completed for new clinical staff who have not yet completed the Hepatitis B vaccination process. The risk assessment should outline the tasks they are not permitted to undertake until the vaccination programme has been completed.

Discussion with staff present confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training within the last year.

All areas of the practice observed were equipped to meet the needs of patients.

Addressing the areas of improvement will strengthen the IPC arrangements and ensure the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.4 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health (DoH).

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice.

Records to evidence that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. In respect of the steriliser it was identified that the results of the required tests to check the efficiency of the machines were recorded in the logbook, however the cycle parameters of the automatic control test had not been recorded in keeping with best practice guidance. Advice and guidance was provided in this regard.

Machines used to decontaminate reusable dental instruments are capable of recording cycle parameters of periodic tests on USB pens, memory cards or printing the cycle parameters. Ms Kviklyte attempted to download this information on to the practice computer however this was unsuccessful. On 27 September 2024 RQIA received confirmation by email that the cycle parameters of periodic tests for the decontamination equipment were being downloaded and saved on the practice computer.

A review of the washer disinfector logbook identified that details of periodic tests had not been documented since 26 July 2024. This matter was discussed with Ms Kviklyte who stated that periodic tests had been undertaken and may have recorded in another logbook. During the meeting on 30 September 2024 Ms Kviklyte presented the current logbook for the washer disinfector. It was evidenced that the logbook was up to date and included tests undertaken from 26 July 2024 to the present time.

It was identified that the steriliser and washer disinfector were due for revalidation on 28 August 2024 and this was discussed with Ms Kviklyte. Following the inspection RQIA received confirmation that both machines would be revalidated on 23 October 2024.

An area for improvement has been made against the standards to establish robust arrangements to ensure machines used to decontaminate reusable dental instruments are revalidated in keeping with HTM 01-05.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities.

Ms Kviklyte and staff demonstrated a good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination. Ms Kviklyte confirmed all single use equipment is treated as single use and no equipment is considered to be single patient use. Ms Kviklyte further advised that some single use equipment has been retained for training purposes. Advice was provided that any single use equipment that is used clinically should not be kept for training purposes due to risk of cross infection. Ms Kviklyte was advised that any equipment used for training purposes must be stored separately from equipment to be used during treatments and clearly labelled as such.

The arrangements for the processing of reusable dental hand pieces was reviewed. It was observed that the practice had a combination of hand pieces that were suitable for processing in a washer disinfector and some that were not. Suitable arrangements were in place to manually clean the hand pieces that were not compatible with the washer disinfector.

A discussion took place regarding the air polisher device as there was a lack of clarity regarding the decontamination arrangements of this device. It was agreed that the manufacturer's instructions would be provided to RQIA. During the meeting on 30 September 2024, the manufacturer's instructions were reviewed and RQIA agreed to obtain expert advice from the Department of Health in relation to the manufacturer's instructions. The expert advice confirmed that the hand piece section of this dental device was compatible with the washer disinfector. This information was shared with to Ms Kviklyte.

During the meeting on 30 September 2024 Ms Kviklyte also presented new dental hand pieces for the ultrasonic scaler that had been purchased to ensure there was sufficient hand pieces to meet the needs of the practice.

An area for improvement has been made to ensure that all reusable dental instruments are decontaminated in line with HTM 01-05.

Addressing the areas for improvement will ensure the dental team meet current best practice guidance for the decontamination of reusable dental instruments.

5.2.5 Is the practice fully equipped and is the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. Robust systems should be in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

It was observed that emergency medicines and equipment were held in a large dedicated heavy duty bag. Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

A review of the emergency medicines identified that two medicines had exceeded their expiry date and that buccal midazolam was not provided in the required format. Ms Kviklyte was aware that two medicines had expired and stated she had experienced supply issues when she attempted to restock these medicines. Ms Kviklyte was provided with information and guidance on the required format and doses of Buccolam to be provided in the practice. On 20 September 2024 RQIA received photographic evidence that the expired medicines had been replaced and that Buccolam medication had been ordered. An area for improvement has been made against the standards to ensure emergency medicines are provided in accordance with the British National Formulary (BNF).

A review of training records identified that medical emergency refresher training was due to be provided in December 2023 and had not yet been completed. This was discussed with Ms Kviklyte. An area for improvement has been made against the standards to ensure all staff members undertake management of medical emergency training at least annually in keeping with best practice guidance.

Addressing the areas for improvement will ensure that sufficient emergency medicines and equipment are in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and Minimum Standards for Dental Care and Treatment (March 2011).

	Regulations	Standards
Total number of Areas for Improvement	2	6

Areas for improvement and details of the QIP were discussed with Ms Kviklyte as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall ensure a risk assessment is completed when a safer sharp is not deemed practical, this should be signed by the treating dentist. Ref: 5.2.3
	Response by registered person detailing the actions taken: Risk assessment is completed for each individual person who is at risk of disposing medical sharps , before they commence work in Denatmed practice . Safe sharps are availbable for use at the practice .
Area for improvement 2 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall ensure that a risk assessment is completed for new clinical staff who have not yet completed the Hepatitis B vaccination process. The risk assessment should outline the tasks they are not permitted to undertake until the vaccination programme has been completed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Risk assessment is completed and signed by staff (new or existing) who has incompleted HEP B vacccination due to personal or medical reason.
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 **Ref:** Standard 13.2 **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall ensure that cleaning equipment is stored in keeping with best practice guidance at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: All cleaning equipment are stored in store room.

Area for improvement 2 **Ref:** Standard 13.2 **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall ensure cleaning schedules are implemented and cleaning records are completed and retained. Ref: 5.2.3
	Response by registered person detailing the actions taken: Cleaning schedules maintained daily and are available for inspection
Area for improvement 3 **Ref:** Standard 14.4 **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall establish robust arrangements to ensure that all decontamination equipment is revalidated in keeping with best practice. Ref: 5.2.4
	Response by registered person detailing the actions taken: Equipment validation stickers have been attached for reminder for due date for next validation date. Equipment at Dentamed has been validated yearly , all records of proof are attached with the decontamination policies .
Area for improvement 4 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall ensure that all reusable dental instruments are decontaminated in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health (DoH). Ref: 5.2.4
	Practice has always followed HTM01-05 regulations , and all reusable instruments have been processed according to the HTM 01-05 quidance , records of decontamination of instruments are kept in practice and available for viewing.
Area for improvement 5 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 12 October 2024	The responsible individual shall ensure emergency medicines are provided in accordance with the British National Formulary (BNF). Ref: 5.2.5
	Response by registered person detailing the actions taken: All emergency drugs have been stocked and updated according to BNF guidelines

Area for improvement 6 **Ref:** Standard 12.5 **Stated:** First time	The responsible individual shall ensure all staff members undertake management of medical emergency training at least annually in keeping with best practice guidance. Ref: 5.2.5
To be completed by: 12 October 2024	**Response by registered person detailing the actions taken:** All staff has been receiving yearly medical emergency training since 2017

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

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